



CORPORATE OFFICES
 275 EAST MAIN STREET, ORANGE, MA 01364
 Phone: (978)544-8811 Fax: (978)544-0012
 E-Mail: info@petestire.com Internet: www.petestire.com

Massachusetts

- Gardner** (978) 632-7697
591 West Broadway
- Northampton** (413) 586-8815
186 North King St.
- Orange** (978) 544-8811
275 East Main St.
- Randolph** (781) 986-8473
85 York Avenue
- Shrewsbury** (508) 754-9876
407 Hartford Tpke. Rd.
- Springfield** (413) 736-8700
125B Progress Avenue
- Woburn** (781) 721-9070
280 Mishawum Rd.
- Westborough** (508) 871-1150
50 Smith Parkway

Connecticut

- Danbury** (203) 743-7648
19A Chestnut Street
- Franklin** (860) 642-7577
15 Murphy Road
- Waterbury** (203) 754-2156
100 Captain Neville Dr.
- South Windsor** (860) 291-9165
25R Bidwell Rd.

Rhode Island

- Providence** (401) 521-2240
80 Public Street

Vermont

- White River Jct** (802) 291-9216
127 Round House Rd.
- Rutland** (802) 747-0752
62 Randbury Rd.
- Montpelier** (802) 839-1924
122 Gallison Hill Rd.
- New Haven** (802) 453-2106
92 Hunt Rd.
- New Hampshire**
- Amherst** (603) 672-8973
54 Route 101A
- W. Chesterfield** (603) 614-8066
100A Route 9

APPLICATION FOR CREDIT

***All information is required in order to process application**

Billing Address

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Web Address: _____

Shipping Address (If different from Billing)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Is a purchase order required? (Circle One) Yes No

Principal/Owner (Full Name) _____

Personal Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

A/P contact: _____ Year Opened: _____

Type of Business: Corporation Partnership Proprietorship

Tax Exempt? (Circle One) Yes No
(If exempt, a copy of your form must be submitted with application)

Number of Vehicles/Equipment (Please indicate Qty of Each)

_____ Passenger Cars	_____ Trailers
_____ Pick-Up Trucks	_____ Farm Tractors
_____ Straight Trucks	_____ Loaders
_____ Road Tractor	_____ Log Skidder



Company Name: _____

Tax ID Number: _____

Bank Reference

Name of Financial Institution: _____

Telephone: _____

Account Number: _____ Type of Account _____

Trade References (3 Required)

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

If this account is not paid when due, the purchaser agrees to pay any and all costs of collection, including reasonable attorney fees. All goods remain property of Pete's Tire Barns until paid in full.

Salesman name or Petes Tire Barn's location nearest to you: _____

I hereby grant permission for you to verify this information with the above listed references.

Signed: _____ **Position:** _____ **Date:** _____