



SURFACE PROTECTORS INC.

SURFACE AND EQUIPMENT PROTECTION PRODUCTS

DISTRIBUTOR CREDIT APPLICATION

COMPANY NAME:		TELEPHONE:	FAX:
LOCATION ADDRESS:		CITY:	STATE: ZIP
BILLING ADDRESS:		CITY:	STATE: ZIP
FEDERAL ID NUMBER:		D & B NO. AND RATING:	
YEAR STARTED:		RESALE CERTIFICATE NO.	
PRINCIPALS NAMES			
CORPORATION TYPE: _____ CORP _____ PARTNERSHIP _____ LLC _____ PROPRIETORSHIP			

ACCOUNTS PAYABLE CONTACT:		
A/PAYABLE PHONE:	FAX:	EMAIL

PRIMARY BANK NAME:	CITY:	STATE:	ZIP:
() PHONE:	() FAX:		
ACCOUNT #:	TYPE:	BANK OFFICER:	

Trade References

1) _____ Company Name & Address	_____ Phone	_____ Contact
2) _____ Company Name & Address	_____ Phone	_____ Contact
3) _____ Company Name & Address	_____ Phone	_____ Contact

The above information is submitted for the purposes of obtaining credit with **R&R TIRE SURFACE PROTECTORS, INC.**. The undersigned authorizes you to make such are necessary to obtain credit information and authorize my bank, suppliers, and credit references to release information in my accounts.

SIGNATURE	PRINTED NAME AND TITLE	DATE
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