



JSC Speed, Inc.
101B Domorah Dr.
Montgomeryville, PA 18936
(215)-643-5750 Phone
(215)-643-5760 Fax

Wholesale Account Application:

Please complete this form in its entirety and fax it back to 215-643-5760 along with your **tax ID information** and **business license**.

Legal Name of Company: _____

Doing Business As: _____

E-Mail: _____

Billing Address: _____

City, State, Zip: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Website: _____

Purchasing Contact _____

Type of Business (check all that apply):

Storefront Installer Website E-Bay Store Warehouse Tuning Facility Other _____

Date Established: _____

Tax ID or SSN: _____

Number of Employees: _____ Annual Sales Volume: _____

Fiscal Year End: _____

State of Incorporation (If Applicable): _____

State Resale Certificate #: _____ State: _____

Will you require JSC Speed to ship directly to your customers? Yes No

Ownership:

Company Type: Sole Proprietorship Partnership Corporation LLC

If Sole Proprietorship, Name of Owner: _____

If Partnership, name of partners and percentage held:

1. (%)

3. (%)

2. (%)

4. (%)

If Corporation, List Corporate Officers:

1. President / CEO: _____

2. VP / CFO _____

I certify that the above information is truthful and correct to the best of my knowledge. Presentation of false/incorrect information entitles JSC Speed to revoke any and all credit terms granted at any time. JSC Speed will charge 7% per month on all past due invoices, according to the credit terms granted. I agree to pay all reasonable attorney fees, court costs, and/or collection charges associated with the late payment of this account.

Signature: _____

Print Name: _____

Company Name: _____

Date: ___/___/_____

I agree to pay all freight charges associated with refused shipments.

Signature: _____

Print Name: _____

Date: ___/___/_____

Credit Card Authorization:

I by signing below, I authorize JSC Speed to charge any submitted orders to my credit card.

Authorized Purchasers (other than the cardholder):

Primary Credit Card:

Card Number: _____

CVV2 Code: _____ (3 digits on back for Visa/MC/Discover, 4 on front for AMEX)

Expiration Date: ___/___

Billing Address: _____

City, State, Zip: _____

Cardholder Signature: _____

Secondary Credit Card:

Card Number: _____

CVV2 Code: _____ (3 digits on back for Visa/MC/Discover, 4 on front for AMEX)

Expiration Date: ____/____

Billing Address: _____

City, State, Zip: _____

Cardholder Signature: _____

Banking Information:

Bank: _____ Acct. #: _____

Address: _____ Since: _____

Phone #: _____ Contact: _____

Bank: _____ Acct. #: _____

Address: _____ Since: _____

Phone #: _____ Contact: _____

Trade References:

Company Name: _____

Address: _____

Phone #: _____ Contact: _____

Duration of dealings: _____

Company Name: _____

Address: _____

Phone #: _____ Contact: _____

Duration of dealings: _____

Company Name: _____

Address: _____

Phone #: _____ Contact: _____

Duration of dealings: _____

Ordering Notes:

All purchase orders must be in hardcopy form (mail, fax, or e-mail) and use the appropriate part numbers.

After completion, fax this form back to 215-643-5760. Wholesale applications take some time to process and setup, so you will not receive an immediate response; we will typically respond within 1 business day, however. JSC Speed cannot give out any pricing, discounts, or buy-in information until this form has been filled out and approved.