



1800 WEST 3500 SOUTH
WEST VALLEY CITY, UTAH 84119
PHN: 801-974-7960 FAX: 801-975-6459

WHOLESALE APPLICATION

Rev. 2/08

CUSTOMER INFORMATION:

COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____
NATURE OF BUSINESS: _____
BUS. TYPE: L.L.C. Corp. Partnership Proprietorship
TAX EXEMPT: Yes No CERTIFICATE #: _____
(if tax exempt, please fax copy of tax exempt certificate)
FEDERAL ID #: _____

DBA: _____
AT PRESENT LOCATION SINCE: _____
ZIP CODE: _____
TELEPHONE #: _____
FAX #: _____
YEARS IN BUSINESS: _____
INSURANCE CARRIED: Yes No
INS. CARRIER: _____

CORPORATE INFORMATION:

OWNER'S NAME: _____
ADDRESS, CITY: _____

OWNER'S NAME: _____
ADDRESS, CITY: _____

SS #: _____
STATE: _____ ZIP: _____
TELEPHONE: _____
SS #: _____
STATE: _____ ZIP: _____
TELEPHONE: _____

PURCH ORDER REQUIRED? Yes No

D&B #: _____

I (We) hereby authorize Jack-it, Inc. to investigate any information listed pertaining to my (our) financial responsibility. I also understand that I am applying for a Wholesale Account. Terms on any order are prepay only.

The above information is for the purpose of a wholesale account and is warranted to be true. I (We) hereby authorize Jack-it, Inc. to investigate all information pertaining to my (our) credit and financial responsibility.

PRINT: _____
(Applicant Name / Title)

SIGNATURE: _____ DATE: _____
(Applicant Signature)

PRINT: _____
(Owner/Officer of Firm)

SIGNATURE: _____ DATE: _____
(Owner/Officer Signature)

WHOLESALE REQUIREMENTS: To qualify for the wholesale discounted pricing structure outlined in our "Wholesale Rate Chart", a copy of your business license and tax number is required. We also require a company address, phone number and contact person. The nature of your business must be in the automotive industry.