



A Division of WINNER'S Speed & Custom Circle

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New Account Application

You must meet the criteria that we have set to be considered for a Wholesale Account.
Some of these include: 1) Owning a brick & mortar Performance Speed retail store front.
2) An established market activity or history in the Performance Industry 3) State tax ID number.
Home operated, part-time, or service only (auto repair, garage) businesses do not qualify.

BUSINESS INFORMATION:

FIRM NAME:

STREET ADDRESS:

CITY: STATE: ZIP:

TELEPHONE: FAX:

SHIPPING ADDRESS:

CITY: STATE: ZIP:

NAME OF PARENT COMPANY (IF APPLICABLE):

STREET ADDRESS:

CITY: STATE: ZIP:

TELEPHONE: FAX:

OWNER PARTNERSHIP CORPORATION

TITLE: NAME: TELEPHONE: RESIDENCE ADDRESS:

TITLE: NAME: TELEPHONE: RESIDENCE ADDRESS:

STATE RESALE # FEDERAL TAX #

YEAR STARTED BUSINESS: STATE & YEAR INCORPORATED:

IS BUILDING OWNED: LEASED: HOW LONG AT PRESENT LOCATION:

TYPE OF ACCOUNT REQUESTED - PLEASE CHECK ONE:
COD
CREDIT CARD
CASH WITH ORDERS

**INSURANCE INFORMATION:**

ARE CONTENTS INSURED AT ALL LOCATIONS (OWNED OR RENTED): \_\_\_\_\_

IF "YES" WHAT IS THE REPLACEMENT COST OF CONTENTS?: \_\_\_\_\_

CARRIERS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BANK INFORMATION:**

NAME OF BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ PERSON TO CONTACT: \_\_\_\_\_

**Business Supplier References**

NAME: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

I/WE HAVE SUPPLIED THE INFORMATION REQUESTED ON THIS APPLICATION, AND I UNDERSTAND AND AGREE TO THE FOLLOWING:

"THIS AGREEMENT, AND ALL RIGHTS AND OBLIGATIONS OF THE PARTIES HERE TO SHALL BE GOVERNED BY THE LAWS OF THE STATE OF ILLINOIS. BUYER AGREES THAT SAID CONTRACT IS NOT DEEMED ACCEPTED UNTIL APPROVAL HAS BEEN TENDERED BY SELLER'S CREDIT OFFICE IN THE CITY OF JOLIET, COUNTY OF WILL, STATE OF ILLINOIS. IT IS SPECIFICALLY AGREED THAT IN THE EVENT OF ANY DISPUTE SHALL ARISE HEREIN SAID ACTION SHALL BE COMMENCED IN THE SUPERIOR COURT FOR THE COUNTY OF WILL, STATE OF ILLINOIS. I/WE HEREBY AGREE TO PAY REASONABLE COLLECTION COSTS, ATTORNEY'S FEES, AND COURT COSTS, IF NECESSARY, TO COLLECT ANY UNPAID BILLS; AND AGREE TO PAY FINANCE CHARGE OF ONE AND ONE-HALF PERCENT (1-1/2%) PER MONTH ON PAST DUE MONIES."

1. FOR VALUE RECEIVED, THE UNDERSIGNED, HEREIN CALLED GUARANTORS, JOINTLY AND SEVERALLY, UNCONDITIONALLY GUARANTEE AND PROMISE TO PAY TO FIRST PERFORMANCE WAREHOUSE, HEREIN CALLED "SELLER", OR ITS ASSIGNS, ANY INDEBTEDNESS INCURRED ON OR AFTER \_\_\_\_\_, BY \_\_\_\_\_, HEREIN CALLED "BUYER", BY REASON OF THE PURCHASE FROM SELLER OF ALL WHEELS, TIRES, AND AUTOMOTIVE AND TRUCK ACCESSORIES PURCHASED FROM FIRST PERFORMANCE WAREHOUSE.

2. GURANTORS UNDERSTAND AND AGREE THAT THIS IS A CONTINUING GUARATY, AND UNTIL REVOKED AS PROVIDED FOR IN THIS INSTRUMENT, SHALL COVER ALL FUTURE INDEBTEDNESS ARISING UNDER SUCCESSIVE TRANSACTIONS THAT EITHER CONTINE THE LIABILITY OF PRINCIPAL OR FROM TIME TO TIME TO RENEW IT AFTER IT HAS BEEN SATISFIED.

3. THIS GUARANTY SHALL TERMINATE ON DELIVERY TO SELLER, AT THE ADDRESS SET FORTH ABOVE, OF NOTICE OF TERMINATION EFFECTIVE AS TO ANY AND ALL INDEBTEDNESS INCURRED OR CREATED BY BUYER FROM AND AFTER SUCH DELIVERY OF NOTICE OF TERMINATION.

**PRINCIPALS:**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**\*NOTE: SPOUSE MUST SIGN IN SOLE OWNER OR PARTNERSHIP APPLICATIONS.**

**CERTIFICATE OF RESALE:**

PURCHASER: \_\_\_\_\_  
(Authorized Buyers)

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SELLER: \_\_\_\_\_  
(Name of Business)

**THIS IS TO CERTIFY THAT ALL MERCHANDISE PURCHASED ON AND AFTER THIS DATE FROM THE ABOVE NAMED SELLER IS FOR PURPOSE OF RESALE. I (WE) WILL BE RESPONSIBLE FOR ILLINOIS ROT, USE TAX, SOT AND LOCAL TAXES, IF ANY.**

\_\_\_\_\_  
(AUTHORIZED SIGNATURE OF PURCHASER AND TITLE) DATE \_\_\_\_\_

\_\_\_\_\_  
(PURCHASER'S REGISTRATION OR RESALE NUMBER)

**Please attach a copy of your Resale Certificate.**

**NOTE: ALL APPLICANTS MUST SEND PICTURES OF THEIR STORE(S)  
(Photos must include both Store front and inside of store)**

**Please E-mail Pictures to: [firstperfwhs@aol.com](mailto:firstperfwhs@aol.com)**

