



TIRE FACTORY

DISTRIBUTION

FAX TO: (901)525-5120

CUSTOMER SET-UP FORM

Company Name: _____

Address: _____

City, State & Zip: _____

County: _____

Contact: _____

Phone: _____

Driver license: _____ State _____

Fax: _____

E-mail: _____

Account Payable Contact: _____

Account Payable Phone: _____

State Tax Sales and Use Number: _____

State of : Mississippi / Tennessee / Arkansas / Missouri / Kentucky (circle one)

Print: _____

Sign: _____

Date: _____

*****WAREHOUSE USE ONLY*****

Salesman: _____

Approved by: _____