RETAIL / FLEET
820 CHADWICK STREET
INDIANAPOLIS, IN 46225
317-634-4824

DISTRIBUTION
6445 OLIVIA LANE
INDIANAPOLIS, IN 46226
317-631-7551

FAST APPLICATION

THIS APPLICATION IS STRICTLY FOR CREDIT CARD, BANK CARD, OR CHECK PURCHASES WITH THE WAYMIRE GROUP. CASH WILL BE ACCEPTED IF OTHER FORMS OF PAYMENT CANNOT BE PROVIDED.

Full Company Name: _____

Billing Address: _____

Shipping Address (*No PO Boxes*): _____

Contact Person (First Name & Last Name): _____

Email: _____ Phone: _____

How did you hear about our company? _____

Credit Card Holder Name: _____

Credit Card #: _____

Exp. Date: _____ CVV: _____ Billing ZIP Code: _____

BY SIGNING BELOW, THE CUSTOMER HEREBY AUTHORIZES THE WAYMIRE GROUP TO KEEP THIS CREDIT CARD INFORMATION ON FILE FOR FUTURE PURCHASES WITH THE WAYMIRE GROUP.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

IF TAX EXEMPT, INDIANA SALES EXEMPTION FORM # ST-105 MUST ACCOMPANY THIS FORM. SALES TAX WILL BE APPLIED WITHOUT PROPER LEGAL STATE FORM.

Sales Tax Exemption #: _____

IF YOUR COMPANY WOULD BENEFIT FROM A NET 30 DAY TERM ACCOUNT, PLEASE CONTACT A WAYMIRE CUSTOMER SERVICE REPRESENTATIVE FOR THE NET 30 CREDIT APPLICATION.

Please send completed application to: accounting@waymires.com

---***** INTERNAL USE ONLY *****---

Account #: _____ *Discount Level:* _____ *Date Setup:* _____ *OSR:* _____