



INTERAD WHEELS

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AUTHORIZED RESELLER APPLICATION

(Complete and fax to: 855-271-4599)

Name:

Legal Business Name:

Mailing Address:

Shipping / Delivery Address:

Telephone:

Fax:

Email:

URL:

Years In Business:

Federal Tax ID Number:

In additon to submitting this form, you would also be required to submit the following items within 2 days of form submission:

- *COPY OF BUSINESS LICENSE
- *COPY OF STATE SALES TAX #
- *COPY OF FEDERAL EIN #