



150 Corporate Dr.,
Montgomeryville, PA 18936
P: 267-468-0350
F: 267-468-0363
www.Turn14.com

Wholesale Account Application

Please complete this form in its entirety and fax it back to 267-468-0363 along with your **tax ID information** and **business license**. Incomplete applications will not be accepted.

Legal Name of Company: _____ DBA: _____

Billing Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Website: _____ Purchasing Contact _____

Type of Business (check all that apply):

Storefront Installer Website E-Bay Store Warehouse Tuning Facility Other _____

Date Established: _____ Tax ID or SSN: _____

Dun & Bradstreet #: _____ Number of Employees: _____

Annual Sales Volume (check one):

\$250,000 or less \$500,000 to \$1,000,000 \$5,000,000 to \$10,000,000

\$250,000 to \$500,000 \$1,000,000 to \$5,000,000 \$10,000,000 or more

State Resale Certificate #: _____ State: _____

Ownership: (check all that apply): Sole Proprietorship Partnership Corporation LLC

Name of owner, partners, or corporate officers and percentage held:

1. (%) _____ 2. (%) _____

I certify that the above information is truthful and correct to the best of my knowledge. Presentation of false/incorrect information entitles Turn 14 to revoke any and all credit terms granted at any time. Turn 14 Distribution will charge 15% APR on all past due invoices, according to the credit terms granted. I agree to pay all reasonable attorney fees, court costs, and/or collection charges associated with the late payment of this account.

Signature: _____ Print Name: _____

Company Name: _____ Date: ___/___/___

Credit Card Authorization: *NOTE: Turn 14 does not accept AMEX cards.*

Primary Credit Card: Visa MasterCard Discover

Card Number: _____ CVV2: _____ Expiration Date: ___/___

Billing Address: _____

Cardholder Signature: _____ Name: _____



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Secondary Credit Card: Visa MasterCard Discover

Card Number: _____ CVV2: _____ Expiration Date: ___/___

Billing Address: _____

Cardholder Signature: _____ Name: _____

I, _____ (print name), hereby authorize Turn 14 Distribution to bill the above listed credit card(s) for any orders submitted by my company.

Signature _____ Date _____

Banking Information:

Bank: _____ Acct. #: _____

Address: _____ Since: _____

Phone #: _____ Contact: _____

Trade References:

Company Name: _____ Contact: _____

Address: _____ Fax # or E-mail: _____

Phone #: _____ Duration of dealings: _____

Company Name: _____ Contact: _____

Address: _____ Fax # or E-mail: _____

Phone #: _____ Duration of dealings: _____

Company Name: _____ Contact: _____

Address: _____ Fax # or E-mail: _____

Phone #: _____ Duration of dealings: _____

Terms & Conditions:

Terms and conditions can be found online at www.turn14.com by signing below, I indicate that I have read, understand, & agree to Turn 14 Distribution's Terms & Conditions.

_____ (Signature) _____ (Print name)

_____ (Company) _____ (Title) _____ (Date)