



PO Box 129 • 103 Industrial Park Drive • St. Ansgar, IA 50472
Phone: 800-443-9653 • accounting@woldinc.com

Customer Information

Name: _____
Billing Address: _____
City: _____
State: _____ Zip: _____
Phone #: _____

Shipping Address: _____
(If different from Billing) _____
City: _____
State: _____ Zip: _____
Phone #: _____

Type of Ownership: Sole Proprietorship
 LLC
 Corporation

Customer Type: Tire Dealer
 Implement Dealer
 Manufacturer

Years in Business: _____

Federal ID #: _____

Sales Tax ID #: _____

Purchasing Contact:

Name _____
Email _____

Phone #/Ext _____

Advance Shipping Notice (shipment tracking):

Email _____

Accounts Payable Contact:

Name _____
Email _____

Phone #/Ext _____

We prefer to receive our invoices via: Email _____
 U.S. Mail

For Internal Use Only: Account ID: _____ Discount Code: _____

Financial Institution: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Credit/Trade References:

Company Name: _____

Phone #: _____

Contact Name: _____

Fax #: _____

Address: _____

City: _____

State: _____ Zip: _____

Company Name: _____

Phone #: _____

Contact Name: _____

Fax #: _____

Address: _____

City: _____

State: _____ Zip: _____

Company Name: _____

Phone #: _____

Contact Name: _____

Fax #: _____

Address: _____

City: _____

State: _____ Zip: _____

** I authorize you to obtain a written or oral credit reference from the above references including our financial institution.*

Signature: _____

Title: _____

Date: _____