



492 Main St., Keene, NH 03431
603-352-4478 Fax: 603-352-5016
Attn: Wholesale /Commercials Sales Department

Business to Business **Cash Application

Region: _____
Account Type: _____
*Primary TW Store: _____

Wholesale/Reseller:

(Please print) **Please attach sales tax form or certificate. We must charge sales tax unless we have your form on file.**

*If application is being forwarded by Store, Manager must fill out Store #.

Wholesale/Reseller:
Company Name: _____ Date: _____
Street Address: _____
City: _____ State: _____ Zip: _____ EMail: _____
Telephone: () _____ Fax: () _____
Type of Business: _____
Contact Name: _____ Buyer(s): _____
Signature: _____

Fleet/Commercial:

(Please print) **If applicable please attach proof of tax exemption status paperwork, otherwise we must charge sales tax.**

Fleet/Commercial:
Company Name: _____ Date: _____
Street Address: _____
City: _____ State: _____ Zip: _____ EMail: _____
Telephone: () _____ Fax: () _____
Type Of Business: _____
Size of Fleet: _____ Type of Fleet vehicles (circle all that apply) : Passenger Light Truck Commercial Speciality
Contact Name: _____ Buyer(s): _____
Signature: _____

Please fax completed form to 603-352-5016 for quick processing.