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ACCOUNT APPLICATION

ALL SECTIONS MUST BE COMPLETED

DATE: _____ AXE SALES PERSON: _____

BUSINESS LEGAL NAME: _____

BUSINESS TRADE NAME: _____

BUSINESS OWNERS FULL NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FEI/EIN#: _____ RESALE TAX #: _____

SHOP PHONE #: _____ E-MAIL: _____

STORE SALES MANGER: _____

SALES MANGER PHONE #: _____

SOCIAL MEDIA TAGS: _____

FINANCIAL INSTITUTION INFORMATION

BANK NAME: _____

BRANCH ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____

ACCOUNT #: _____ ROUTING #: _____

OPEN SINCE: _____

AUTHORIZED NAME (S): _____

TRADE REFERENCE'S

COMPANY NAME: _____

COMPANY CONTACT: _____

COMPANY ADDRESS: _____ STATE: _____ ZIP: _____

ACCOUNT #: _____ DATE OF ACCOUNT OPENED: _____

MUST BE SIGNED BY OWNER OR DESIGNATED SIGNEE

NAME: _____ SIGNATURE: _____ DATE: _____

PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION

COPY OF DRIVING LICENSE (S) FOR PROOF OF AUTHORIZED SIGNATURE (S)
COPY OF VOIDED CHECK
COPY OF CURENT STATE TAX CERTIFICATE