

NEW CUSTOMER APPLICATION		
BUSINESS INFORMATION		
Name of Business:		
Email:		
Sales Tax No:	Fax:	Phone:
Business address:		
City:	State:	ZIP Code:
Username:	Password:	County:
PRIMARY CONTACT INFORMATION		
Name:		
Address:		E-mail:
City:	State:	ZIP Code:
Phone:	Fax:	
SALES INFORMATION (For Harris Tire To Complete)		
Salesperson:	Price Code:	Customer Code
SIGNATURES		
I authorize the verification of the information provided on this form is accurate and up to date:		
Signature of applicant:		Date:
Please Return Application with a copy of the Official Business License		