



Individually Me, Inc.  
dba Las Vegas Wheels

4350 Arville St, Suite 160  
Las Vegas, NV 89103  
Phone (702) 272-0509  
Fax (866) 812-0455  
sales@lvwheels.com

Commercial Account Application

**CUSTOMER BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

Primary Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Secondary Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

EIN/TIN # \_\_\_\_\_ Tax Resale # \_\_\_\_\_ Telephone: \_\_\_\_\_

**CONTACT INFORMATION**

Primary: Name: _____ Email: _____ Telephone: _____ Mobile: _____	Accounting: Name: _____ Email: _____ Telephone: _____ Mobile: _____
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**BANK REFERENCE (Please complete if payment term is not COD or via credit card)**

Bank Name: \_\_\_\_\_ Account # \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

I hereby authorize Individually Me, Inc. dba Las Vegas Wheels to verify bank account information related to average balance and if any checks have been returned with the bank reference provided above.

Customer Authorization Signature X \_\_\_\_\_ Date: \_\_\_\_\_

**Please email form to sales@lvwheels.com, fax to (866) 812-0455 or text to (702) 449-9169.**