



# TIRE WEBLINK

Fax to: 419-695-9519

c/o Marketing Dept

Company: \_\_\_\_\_ Account #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ PR Acct: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Additional Users/Sign Ons needed:

\_\_\_\_\_  
(List any buttons or vendors to exclude)

\_\_\_\_\_  
(List any buttons or vendors to exclude)

\_\_\_\_\_  
(List any buttons or vendors to exclude)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

For Office Use Only

Set-Up Date \_\_\_\_\_

User ID: \_\_\_\_\_

Warehouse \_\_\_\_\_

Password: \_\_\_\_\_

Vendor Exceptions \_\_\_\_\_