

BOARD OF PUBLIC WORKS AND SAFETY
Agenda Request Form

(Form B-01-2012)

Organizations and individuals are asked to submit a request form and supporting documents to be placed on the agenda. You will be contacted by the City confirming the date of the meeting in which your request will be heard. Please make sure that your contact information is accurate in case we need to get in touch with you. The Board of Works meets on the 1st and 3rd Monday of each month at 5:00 p.m. in City Hall located at 70 E. Monroe Street.

Date Submitted:	11/21/2014	Meeting Date:	12/01/2014
Contact Information:			
Requested by:	Joe McGuinness, Mayor		
On Behalf of Organization or Individual:			
Telephone:	317-736-3602		
Email address:	Jmcguinness@franklin.in.gov		
Mailing Address:	70 E Monroe Street, Franklin, IN 46131		
Describe Request:			
Credit application for Gem City Tire.			
List Supporting Documentation Provided:			
Credit application			
Who will present the request?			
Name:	Joe McGuinness	Telephone:	317-736-3602

In order for an individual and/or agency to be considered for new business on the Board of Works agenda, this reservation form and supporting documents must be received in the Mayor's office no later than 4:00 p.m. on the Wednesday before the meeting.



Customer Profile

GEM CITY TIRE SALESMAN: _____

Legal Name CITY OF FRANKLIN

Operating Name CITY OF FRANKLIN

Duns #: 121573786

Federal ID #: 35-6001034

Billing Address: 70 E MONROE ST
FRANKLIN, IN 46131

Shipping Address: 951 HAMILTON AVE
FRANKLIN, IN 46131

City _____ State IN

City Franklin State IN

County: Johnson Zip 46131

County Johnson Zip 46131

Main Phone #: 317-736-3609

Main Fax #: 317-736-7244

TAX EXEMPT: YES NO _____ Please attach exemption certificate if your company is tax exempt. If there is not a certificate received then the applicable taxes will be charged.

Is there any special shipping or billing instructions that we should be aware of? _____

Is a purchase order number required? YES _____ NO XX If yes, please advise who is authorized to issue PO's _____

Are "name" PO's acceptable? E.g. "GREG" YES XX NO _____

ACCOUNTS PAYABLE CONTACT

PURCHASING INSIDE REP CONTACT

Name: SHARON BARNARD

Name KYE BAKER

Phone #: 317-346-1164

Phone #: 317-346-1248

Fax #: 317-736-7244

Fax #: _____

E-Mail KBAKER@FRANKLIN.IN.GOV

Corporation Sole Proprietor

Completed by (please print): JANET P ALEXANDER Title: CLERK-TREASURER

Continued on back



Customer Profile

Credit References

- 1) Company Name _____ Acct# _____
 Address _____
 Phone# _____ Fax # _____
- 2) Company Name _____ Acct# _____
 Address _____
 Phone# _____ Fax # _____
- 3) Company Name _____ Acct# _____
 Address _____
 Phone# _____ Fax # _____

BANKING REFERENCES

- 1) Bank Name FIFTH THIRD BANK Phone# 317-383-2668
 Address 1160 N MAIN ST, FRANKLIN, IN 46131
 Fax # _____
- 2) Bank Name _____ Phone# _____
 Address _____
 Fax # _____

APPLICATION FOR CREDIT -TERMS

TERMS: STATEMENTS ARE SENT ON THE 21st OF EACH MONTH. THE ENTIRE STATEMENT BALANCE IS DUE ON OR BEFORE THE 10th OF THE FOLLOWING MONTH. THERE IS NO DISCOUNT FOR EARLY PAYMENT. ANY AND ALL ACCOUNTS WITH PAST DUE BALANCE 60 DAYS OR OLDER WILL BE CLOSED UNTIL THE ACCOUNT IS BROUGHT UP TO DATE. PLEASE CALL WITH ANY QUESTIONS OR IF COPIES ARE NEEDED. THERE IS A \$30.00 FEE FOR ANY RETURNED CHECKS. THERE IS A LATE CHARGE OF 1.5% PER MONTH ON ALL PAST DUE BALANCES.

BY SIGNING THIS, I AM ACKNOWLEDGING THE FACT THAT I HAVE READ AND WILL ABIDE BY THE TERMS LISTED ABOVE.

ADDITIONALLY, I UNDERSTAND AND AGREE TO BE LIABLE FOR ANY AND ALL COLLECTION CHARGES, INCLUDING ATTORNEY FEES, INCURRED BY GEM CITY TIRE, INC. IN THE COLLECTIONS OF AMOUNTS OWING.

THE UNDERSIGNED HEREBY AUTHORIZES THE ATTACHED NAMED BANK(S), TRADE AND/OR OTHER CREDIT REFERENCE(S) TO RELEASE SUCH INFORMATION AS NECESSARY TO ESTABLISH CREDIT WITH GEM CITY TIRE.

SIGNED: *Janet P. Alexander* TITLE: CLERK-TREASURER

PERSONAL GAURANTOR MUST BE OWNER/SOLE PROPRIETOR, GENERAL PARTNER, OR CORPORATE OFFICER.

PERSONAL GUARANTEE

I, (name) _____
 PERSONALLY GUARANTEE TO ASSUME AND PAY UPON DEMAND ANY DEBTS OWED BY (firm name) _____
 TO GEM CITY TIRE, INC.

Signed: _____

Address: _____



Customer Profile

This section completed by THE GEM CITY TIRE SALES DEPARTMENT

Number of Power Units _____ New Tire Revenues _____
 Retread Revenue _____ Service Revenue _____
 Total Estimated Annual Volume _____
 Company Applying for Credit _____
 National Account Local Account City / Government School
 DAYTON SHARONVILLE INDIANAPOLIS ILLINOIS
 EDNIBURGH SOMERSET
 SALESMAN _____ CODE _____

This section completed by Gem City Tire CORPORATE OFFICE

Profile completed PO Required: Yes No Credit Amount Requested: _____
 Terms Signed (Must be signed for credit approval) Corporation Sole Proprietor
 Tax Exempt: Yes (Must include supporting forms) No
 Review of Credit References: Good Average Bad
 Review of D & B Score _____ Good Average Bad
 APPROVED DECLINED CREDIT LIMIT: _____
 APPROVED BY: _____ DATE: _____

MISC. NOTES: