

# MOTOR TRUCK

Equipment Company

Since 1933

Store  
Use  
Only

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

CR Limit: \_\_\_\_\_

Home  
Office  
Use



## APPLICATION FOR ACCOUNT

\* **Denotes required fields.** If required fields are not filled in, the application will not be processed.

Submit the completed and signed application via email to [Receivables@kwofpa.com](mailto:Receivables@kwofpa.com).

Date of Application: \_\_\_\_\_

Type of account for which you are applying:

Charge Account

Check/Cash Account (allows you to pay with check at time of purchase.)

\*Business Name: \_\_\_\_\_ Principal Owner: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City, State, ZIP: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

\*Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Type of Organization: Corporation Partnership Sole Proprietorship Other \_\_\_\_\_

Type of Business: \_\_\_\_\_ # of Units in Your Fleet: \_\_\_\_\_

### \*BANK ACCOUNT INFORMATION

**\*\*REQUIRED\*\***

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

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

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Your application will NOT be processed if you leave these blank:**



Do you require a purchase order for each invoice? Yes \_\_\_\_ No \_\_\_\_

Are you Tax Exempt? \_\_\_\_\_

If YES, a completed and signed Tax Exempt form MUST be included with your application.

We (I) have read and agree to be bound by the MOTOR TRUCK EQUIPMENT COMPANY credit agreement as follows: We (I) understand that payment terms are Net 10th EOM. All invoices are to be paid upon receipt of a Statement. Any invoice which remains unpaid will be considered past due and is subject to an interest charge of 1-1/2% per month or 18% per year. We (I) agree to pay finance charges applied to our (my) account. We (I) will be responsible for any and all collection/court costs and fees, if necessary.

In consideration for the granting of credit, we (I) submit the above information which you may rely on as being accurate. We (I) further authorize any of our (my) creditors, including our (my) Bank References, to release information to you regarding our (my) financial status.



Signature/Title: \_\_\_\_\_ Spouse Signature: \_\_\_\_\_  
Owner, Officer, General Partner or Authorized Person For Owner/Operators



PRINT your name: \_\_\_\_\_ PRINT your name: \_\_\_\_\_

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## APPLICATION FOR ACCOUNT MOTOR TRUCK EQUIPMENT COMPANY – PAGE 2

If you are applying for a **CHARGE** account, list four (4) Trade Credit references (examples: vendors from whom you purchase Parts, Service, Fuel, Tires etc. Do not include banks or credit card companies). These references are not required if you are only applying for a Check/Cash account.

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & ZIP: \_\_\_\_\_  
\*Phone Number: \_\_\_\_\_  
\*Fax Number: \_\_\_\_\_  
\*Email Address: \_\_\_\_\_  
Account #: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & ZIP: \_\_\_\_\_  
\*Phone Number: \_\_\_\_\_  
\*Fax Number: \_\_\_\_\_  
\*Email Address: \_\_\_\_\_  
Account #: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & ZIP: \_\_\_\_\_  
\*Phone Number: \_\_\_\_\_  
\*Fax Number: \_\_\_\_\_  
\*Email Address: \_\_\_\_\_  
Account #: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & ZIP: \_\_\_\_\_  
\*Phone Number: \_\_\_\_\_  
\*Fax Number: \_\_\_\_\_  
\*Email Address: \_\_\_\_\_  
Account #: \_\_\_\_\_

### OWNER-OPERATORS MUST INCLUDE THE FOLLOWING:

Social Security #: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

*Note: Your spouse's signature is required on the reverse side of this form.*

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

How Long? \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Is your truck financed? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes, with whom? \_\_\_\_\_



### A NOTE ABOUT OUR ACCOUNT APPLICATION PROCESS

We value our customers business. We strive to approve or deny all applications promptly. We will be making credit inquiries to your listed Bank and Trade References. We will approve or deny your Application based on information they provide to us. If your account is approved, you will receive your new account number and be advised of your credit limit. If your request for account is denied, you will be told why. If you have not heard from us, in writing, within 30 days of submitting this application, please contact our Credit Department at 717-766-8000, ext 2246.