

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.

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.

Authorization to Obtain Credit Information

By signing below, the applicant authorizes Motor Truck Equipment to obtain and review business credit information from third-party credit reporting agencies, including but not limited to Experian, for the purpose of evaluating this credit application. This authorization includes the use of such information in determining creditworthiness and establishing account terms.



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



PRINT your name: _____ PRINT your name: _____

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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.