

MOTOR TRUCK

Equipment Company
Since 1933

Store
Use
Only

Approved By: _____

Date: _____

CR Limit: _____

Home
Office
Use



APPLICATION FOR CHARGE ACCOUNT

Submit the completed and signed application via email to Receivables@kwofpa.com.
All fields are required.

Date of Application: _____

BUSINESS INFORMATION

Business Name: _____

Principal Owner: _____

EIN #: _____

Type of Organization: Corporation Partnership Sole Proprietorship Other _____

Type of Business: _____ # of Units in Your Fleet: _____

CONTACT INFORMATION

Mailing Address: _____

City, State, ZIP: _____

Physical Address (if different): _____

Phone: _____

Fax: _____

Cell: _____

Email Address For Statements: _____

ACCOUNTS PAYABLE CONTACT INFORMATION

Name: _____

Phone: _____

Email: _____

BANK ACCOUNT INFORMATION

Name of Bank: _____ Bank Account #: _____

Address: _____

City, State, ZIP: _____

Phone: _____ Fax: _____

Email: _____

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APPLICATION FOR ACCOUNT MOTOR TRUCK EQUIPMENT COMPANY – PAGE 2



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.

Which Location(s) Will You Be Using: _____

Please 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).

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 #: _____

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: _____ **Date:** _____
Owner, Officer, General Partner or Authorized Person



PRINT your name: _____