

KANSAS CITY PETERBILT, INC.
Sedalia Peterbilt · Utility Trailer Sales of Kansas City
8915 WOODEND ROAD
KANSAS CITY, KS 66111
APPLICATION FOR CREDIT

Name of Business _____

Shipping Address _____

Billing Address _____

City, State, Zip Code _____

Phone _____ Fax _____

Email _____

Number of trucks currently operating: _____

Amount of Credit you are requesting: _____

Are Purchase Orders required: Yes No

- If purchases are restricted please list persons who are authorized to make purchases: _____

Will your purchases be for resale: Yes No (If yes, please attach completed State Exemption Certificate with your tax exemption number)

Will your purchases be ICC tax exempt: Yes No (If yes, please attach completed State Exemption Certificate with your tax exemption number)

Type of Ownership:

Corporation

State of Incorporation _____ Year _____ Corporate ID # _____

Partnership

Name _____ Social Security Number _____

Address _____

City, State, Zip _____

Name _____ Social Security Number _____

Address _____

City, State, Zip _____

Sole Proprietor

Name _____ Social Security Number _____

Address _____

City, State, Zip _____

A MINIMUM OF 1 BANK AND 3 TRADE REFERENCES ARE REQUIRED. Complete addresses are required. Fax numbers must be given for timelier processing of your application. Reference requests will be faxed.

BANK REFERENCES:

Name _____ Name _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
Phone _____ Fax _____ Phone _____ Fax _____

TRADE REFERENCES (Credit Card Companies are not acceptable "Trade References") :

Name _____ Name _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
Phone _____ Fax _____ Phone _____ Fax _____

Name _____ Name _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
Phone _____ Fax _____ Phone _____ Fax _____

TERMS: Net is due the 10th of the month following the month of purchase. Unpaid accounts thirty days after statement date will be charged a 1.5% (18% annual rate) finance charge per month. Finance charges must be paid to maintain an open account. In the event of default I agree to pay attorney fees and court costs incurred in collection of this account. A credit limit will be set based upon references. If the limit is exceeded, further purchases will be cash, credit card or guaranteed funds, unless prior arrangements are made with our Credit Department. I agree to abide by these terms.

AUTHORIZATION: This information given is true, correct and complete and is given for the purpose of obtaining credit. Kansas City Peterbilt, Inc. is authorized to investigate the references and credit information listed to ascertain personal, partnership or corporate credit and financial responsibility.

Signature of Owner _____ Title _____
Or Corporate Officer _____
Printed Signature Name _____ Date _____

PERSONAL GUARANTEE: I agree to assume and pay the indebtedness of this account.

Signature _____
Printed Signature Name _____ Date _____

APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURES OF AUTHORIZATION AND PERSONAL GUARANTEE. PLEASE FAX OR EMAIL COMPLETED APPLICATIONS TO: FAX (913) 422-5022. EMAIL: AMANDACANNON@KCPETE.COM