

Kenworth of Omaha

Ph (402) 331-6000
Fax (402) 331-3682
7502 "L" Street
Omaha, Nebraska 68127

Application for Credit

Name of Business _____
Shipping Address _____ Billing Address _____
City _____ State _____ City _____ State _____
Zip _____ Ph _____ Zip _____ Ph _____
Email Address: _____ Fax Nbr _____

Type of purchases to be made: _____ Parts _____ Service
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 tax exempt for any reason: ___ yes ___ no (if yes, please attach completed
State Exempt Sale Certificate
With your tax exempt nbr)

Type of Ownership:

Corporation

State of Incorporation _____ Year _____ Corp ID# _____

Partnership

Name _____ Social Security Number ____ - ____ - ____

Address _____

City, State & Zip _____

Name _____ Social Security Number ____ - ____ - ____

Address _____

City, State & Zip _____

Sole Proprietor

Name _____ Social Security Number ____ - ____ - ____

Date of Birth ____ / ____ / ____

City, State & Zip _____

A MINIMUM OF 1 BANK AND 4 TRADE REFERENCES IS REQUIRED. Complete address are required. Fax numbers must be given for more timely processing of your application. References request will be mailed unless fax numbers are provided.

BANK REFERENCES:

Name _____
Address _____
City, State & Zip _____
Ph _____ Fax _____

Name _____
Address _____
City, State & Zip _____
Ph _____ Fax _____

TRADE REFERENCES:

Name _____
Address _____
City, State & Zip _____
Ph _____ Fax _____

Name _____
Address _____
City, State & Zip _____
Ph _____ Fax _____

Name _____
Address _____
City, State & Zip _____
Ph _____ Fax _____

Name _____
Address _____
City, State & Zip _____
Ph _____ Fax _____

Terms: Net amount is due the 20th of month following the month of purchases. 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: The information given is true, correct and complete and is given for the purpose of obtaining credit. **KENWORTH OF OMAHA** is authorized to investigate the references and credit information listed to ascertain personal, partnership and corporate credit and financial responsibility.

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

Signature of Owner _____ Title _____
Or Corporate Officer _____

Printed Signature Name _____ Date _____

APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE

FOR OFFICE USE ONLY

References Sent _____ Approved _____ Disapproved _____ Account # _____
Credit Limit _____ Opened by _____ Date _____
Recap Code _____ Tax Status _____ Tax Locale _____ Salesman Code _____
