

APPLICATION FOR CREDIT

PHONE: 515-265-8111

KENWORTH MID-IOWA  
4111 DELAWARE  
DES MOINES, IOWA 50313

IA WATS: 800-247-6014

FAX: 515-265-4010

DATE \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

FAX NUMBER \_\_\_\_\_ -

DO PURCHASES REQUIRE P.O.# \_\_\_\_\_ YES \_\_\_\_\_ NO

IF PURCHASES ARE RESTRICTED PLEASE LIST PERSONS WHO ARE AUTHORIZED TO MAKE PURCHASES:

\_\_\_\_\_  
\_\_\_\_\_

IF PURCHASES ARE FOR RESALE PLEASE FILL OUT FORM ON REVERSE SIDE OF THIS PAGE.

DATE BUSINESS STARTED \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

TYPE OF OWNERSHIP:

\_\_\_\_\_ CORPORATION STATE OF INC. \_\_\_\_\_ YEAR \_\_\_\_\_ CORP ID# \_\_\_\_\_

\_\_\_\_\_ PARTNERSHIP

NAME \_\_\_\_\_ S/S# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

NAME \_\_\_\_\_ S/S# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

\_\_\_\_\_ SOLE PROPRIETOR

NAME \_\_\_\_\_ S/S# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

**BANK REFERENCES:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

**TRADE REFERENCES:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

**TERMS :** NET IS DUE BY THE 20<sup>TH</sup> OF THE MONTH FOLLOWING THE MONTH OF PURCHASE. IN THE EVENT OF DEFAULT I AGREE TO PAY ATTORNEY FEES AND COURT COSTS INCURRED IN COLLECTION OF THIS ACCOUNT. A FINANCE CHARGE OF 1.5% INTEREST WILL BE CHARGED ON THE OUTSTANDING BALANCE. 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.

**ATHORIZATION:** THE INFORMATION GIVEN IS TRUE, CORRECT AND COMPLETE AND IS GIVEN FOR THE PURPOSE OF OBTAINING CREDIT. KENWORTH MID-IOWA IS AUTHORIZED TO INVESTIGATE THE REFERENCES AND CREDIT INFORMATION LISTED TO ASCERTAIN PERSONAL, PARTNERSHIP OR CORPORATE CREDIT AND FINANCIAL RESPONSIBILITY.

**PERSONAL GUARANTEE:** I AGREE TO ASSUME AND PAY THE INDEBTEDNESS OF THIS ACCOUNT.

SIGNATURE OF OWNER OR CORPORATE OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_

PRINTED SIGNATURE NAME \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICATION WILL NOT BE PROCESSED WITHOUT SIGNATURE !!!!!!!**