

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 applicaiton 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 witch check at time of purchase.)

*Business Name: _____ Principal Owner: _____

*Mailing Address: _____

*City, State, ZIP: _____

Physcal 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.



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



PRINT your name: _____ PRINT your name: _____

MOTOR TRUCK



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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.