

**KENWORTH OF INDIANAPOLIS INC.**

P.O. Box 46207, Indianapolis, IN 46242-0607

2929 South Holt Road, Indianapolis, IN 46241

Phone: 1-800-827-8421 or 1-317-247-8421

Fax: 1-317-241-5742 www.Palmertrucks.com

**CREDIT APPLICATION**

Name \_\_\_\_\_ Desired Credit \$ \_\_\_\_\_

Trade Name \_\_\_\_\_ Credit Approved \$ \_\_\_\_\_

Address \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Taxable  Tax Exempt  \*Must have tax exempt form on file

Type of Business \_\_\_\_\_  Proprietorship  Partnership  Corporation

Mo/Yr Established \_\_\_\_\_ # Power Units \_\_\_\_\_ State Incorporated MM/YR \_\_\_\_\_

Email address of the owner \_\_\_\_\_ Federal ID \_\_\_\_\_

Accounts Payable contact \_\_\_\_\_ Email address \_\_\_\_\_

Shipping address \_\_\_\_\_

**NAMES OF OWNERS, PARTNERS OR OFFICERS**

Name	Title	SS No.	Residence Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bank \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Check  Account # \_\_\_\_\_ Bank Representative \_\_\_\_\_

**EQUIPMENT FINANCED WITH:**

Name	Phone	Balance
_____	_____	_____
_____	_____	_____

**PRINCIPAL SUPPLIERS:**

Name	Address	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your company require purchase orders?  YES  NO

Authorized purchasers: \_\_\_\_\_

**TERMS AND CONDITIONS:**

It is agreed that the buyer will pay all invoices in accordance with terms of net 10 prox and interest will be assessed on delinquent invoices at the rate of 1/5% per month (18% per annum) together with all costs of collecting past due amount, including Kenworth of Indianapolis, Inc. collection costs and attorneys fees incurred in connection with the same. This authorizes the release of any credit information.

\_\_\_\_\_  
Buyer's Signature Printed Name Title (Officer or Designee)