



WKI OPERATIONS, INC.

REQUEST FOR CASH ACCOUNT

DATE: _____

NAME/COMPANY: _____

BILLING ADDRESS: _____

SHIP TO ADDRESS: _____

CITY, STATE, AND ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

TYPE OF BUSINESS: (Circle one)

Trucking – Farm – Repair Shop – Construction

NUMBER OF TRUCKS & EQUIP. OPERATED: (Each) _____ / _____

OWNER CONTACT NAME: _____

PHONE: _____ EMAIL ADDRESS: _____

PARTS/SERVICE: _____

PHONE: _____ EMAIL ADDRESS: _____

-----OFFICE USE ONLY-----

ACCOUNT NUMBER ASSIGNED: _____ CITY CODE: _____

PRICING CODE: _____ SALESMAN: _____

APPROVED BY: _____

REQUESTED BY: _____

BRANCH REQUESTING ACCOUNT: WICHITA - DODGE CITY - LIBERAL - EMPORIA

Return Fax Number: 316-247-7281 Return Email Address: AR@WichitaKenworth.com