

CREDIT ACCOUNT APPLICATION



WKI Operations Inc. dba

Wichita Kenworth - Dodge City Kenworth - Liberal Kenworth - Emporia Kenworth

Return Fax Number: 316-247-7281	Return Email: AR@WichitaKenworth.com	
Complete this form fully for proper processing!		
Business name:	(Check one)	
Billing address:	Individual	
Shipping address:	Partnership	
Phone number:	Corporation	
Fax Number:		
Owners name:		
Phone:	Email:	
A/P contact name :		
Phone:	Email:	
Parts/Service contact name:		
Phone:	Email:	
Type of Business: (Please Circle)	Quantity of Trucks & Equipment Operated: (Each)	
Trucking - Farm - Repair Shop - Construction		
Do you require Purchase Orders? (Please Circle) YES NO		
Representatives authorized to make charges will be supplied to us with proper identification.		
TRADE REFERENCES: No financial institutions or individuals.		
Please provide phone numbers and/or fax numbers for references.		
Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

This application is made with the understanding, and agreement, that all charges for parts and/or service work are due and payable on the 10th of the month following purchase. Late charges are enforced at the contract rate permitted by state regulations, but not to exceed 1 1/2% per month if unpaid on the last day of the month following the date of statement. The late charge is not intended as an alternative to payment when due.

I (We) agree to the terms stated above and authorize WKI Operations Inc., to process credit inquiries on references provided about for the purpose of establishing credit with WKI Operations, Inc.

Monthly statements and all correspondence pertaining to the account should be addressed to: WKI Operations, Inc. PO Box 4226 Wichita, KS 67204	Signature: Title: Date:
Approved for WKI Operations, Inc.	
Credit Manager: Date: Credit Limit: City Tax Code:	Department Manager: Type: Customer referred by: Account Number Assigned: