

Credit Application

Midway Truck Center, Inc.

Date _____ 20 _____

SS# _____

Fed. I.D.# _____

Customer's Name _____ (_____) _____
Area Code/Phone Number

Owner's Name _____ No. of years in business _____

Mailing Address _____
Street/City/State/Zip

Shipping Address _____
Street/City/State/Zip

Bank _____ (_____) _____
Area Code/Phone Number

Street/City/State/Zip

Credit References:

Name _____ (_____) _____
Street/City/State/Zip Area Code/Phone Number

Name _____ (_____) _____
Street/City/State/Zip Area Code/Phone Number

Name _____ (_____) _____
Street/City/State/Zip Area Code/Phone Number

Name _____ (_____) _____
Street/City/State/Zip Area Code/Phone Number

Name _____ (_____) _____
Street/City/State/Zip Area Code/Phone Number

| |
|--|
| Are you listed in Dun & Bradstreet? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

| |
|--|
| Do you issue Purchase Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

| |
|---|
| Tax Status. <input type="checkbox"/> Taxable <input type="checkbox"/> Non-Taxable If non-taxable send copy of exemption certificate. |
|---|

What kind of business does your company do? _____

Contact Name _____ Payment Terms: Net 30

Please complete form **in full** and return form to Credit Department

Midway Truck Center, Inc.
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Kansas City, MO 64116
Phone: (816)455-3000 Fax:(816)455-2553