

HIGHWAY TRAILER SALES, INC.

1850 N. Southern Road
Kansas City, Missouri 64120

Phone: 816-483-3676 Fax: 816-483-0835

APPLICATION FOR CREDIT

FIRM NAME _____ OFFICE PHONE _____

STREET ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP _____ SHOP PHONE _____

BILLING ADDRESS _____

SHIPPING ADDRESS _____

TYPE OF COMPANY CORPORATION PARTNERSHIP INDIVIDUAL STATE & DATE INCORPORATED _____

TYPE OF BUSINESS _____ D & B NUMBER _____

FED. TAX ID # _____ SALES TAX? YES _____ NO: RESALE _____ ICC _____ GOVT _____
(OR SSN #)

If sales tax exempt, please list sales tax number and attach exemption certificate: _____

OWNERS & OFFICERS OF THE COMPANY
Name Title Address

PERSON(S) AUTHORIZED TO PURCHASE _____ P.O. REQUIRED? YES NO

BANK _____ ADDRESS _____

ACCOUNT # _____ CONTACT _____

TRADE REFERENCES ADDRESS PHONE CONTACT

The above information and any attachments are given for the purpose of obtaining credit and is/are warranted to be true. I/we hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. Listed bank and trade references are hereby authorized to release credit information to Highway Trailer Sales, Inc. or its agents upon request.

FIRM NAME _____
BY _____ TITLE _____

FOR HIGHWAY TRAILER SALES, INC. USE ONLY:

BANK REPORT _____

REFERENCES _____

CREDIT APPROVAL _____ INITIAL CREDIT LIMIT _____ DATE _____

REMARKS _____