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:
PLEASE NOTE: Credit Applications must include 5 trade credit references for consideration.

_____(_____)_____
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? ☐Yes ☐No	Do you issue Purchase Orders? ☐Yes ☐No	Tax Status. ☐Taxable ☐Non-Taxable If non-taxable send copy of exemption certificate.

What kind of business does your company do? _____

Contact Name_____ Payment Terms: <u>Net 30</u>

Please complete form **in full** and return form to Credit Department
Midway Truck Center, Inc.
7601 N.E. 38th Street, P.O. Box 12656
Kansas City, MO 64116
Phone: (816)455-3000 Fax:(816)455-2553