

Credit Application

Midway Freightliner, Inc.



Date _____ 20____

SS# _____

Payment terms: Net 30

Fed. I.D.# _____

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

Type of Business Individual Partnership Corporation LLC

Owner(s) _____ No. of years in business _____

Accounts Payable Contact _____ (_____) _____
Area Code/Phone Number

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

Are you listed in Dun & Bradstreet? <input type="checkbox"/> Yes <input type="checkbox"/> No D & B# _____

Is a Purchase Order Required? <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? _____

**Please sign here to authorize your references to release credit information about your company.

X _____

Please complete form in full and return form to Credit Department
 Midway Freightliner, Inc. Attn: Don Seabaugh, Business Manager
 P.O. Box 34754
 Kansas City, MO 64116
 Phone: (816) 413-3061 Fax:(816) 455-2553