



## APPLICATION FOR CREDIT

4000 W 33<sup>rd</sup> Cir So., Wichita, KS, 67215 / T: 316-942-7465

4750 E. Parallel Ln., Springfield, MO 65803 / T: 417-879-7900

3501 W. Red Iron Dr, Suite E, Webb City, MO 64870 / T: 417-879-7900

Remit Address: PO Box 17084, Wichita, KS 67217

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

☐ CORPORATION, State \_\_\_\_\_ Date (MM/YYYY) \_\_\_\_\_ ☐ PROPRIETORSHIP ☐ PARTNERSHIP

TYPE OF BUSINESS OR SIC CODE (4 digits) \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

CUSTOMER CONTACT REGARDING QUESTIONS WITH THE APPLICATION OR REFERENCES:

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

If your business is tax exempt, please attach form.

REQUESTED AMOUNT OF CREDIT \$ \_\_\_\_\_

BANK REFERENCE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

BANK OFFICER \_\_\_\_\_

CREDIT REFERENCES:

1 \_\_\_\_\_  
Business Name, Contact Person, Phone #, along with Fax # or email

2 \_\_\_\_\_  
Business Name, Contact Person, Phone #, along with Fax # or email

3 \_\_\_\_\_  
Business Name, Contact Person, Phone #, along with Fax # or email

All Invoices are due **Net 10** days from invoice date, unless otherwise agreed. If the account becomes delinquent and is placed in collection, we agree to pay reasonable collection charges and if placed in the hands of an attorney for collection or suit, we agree to pay reasonable attorney fees. We understand that a service fee of \$25 will be applied to our account for each returned check.

Please be advised, Lift Truck Center reports customer payables to a credit reporting agency. Thank you in advance for your prompt payment.

I certify that all information on this form is correctly stated. I agree to abide by any terms and conditions set out in this application as well as terms specified under any further documentation necessitated (i.e. rental contracts, transportation documents, repair work orders, planned maintenance & guaranteed maintenance agreements, etc.) during the course of business with LTC.

Print \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

LTC Approval \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

LTC Contact \_\_\_\_\_