



**WHITEFORD  
KENWORTH**

Division of Lower Great Lakes Kenworth, Inc.



**Lower Great Lakes Kenworth, Inc.**

**DBA Whiteford Kenworth**

**4625 W. Western Ave**

**South Bend, IN 46619**

**574.234.9007 800.877.2227**

**ACCOUNT APPLICATION FORM - Lower Great Lakes Kenworth, Inc.**

**When applying for charge/credit accounts this entire form must be completed and signed.**

**Cash accounts need only complete the fields marked with an \*.**

**COMPANY INFORMATION**

**\* Company Name:**

\* DBA (if different):

\* Owner Name:

\* Address:

\* City:

\* Phone:

Email:

\* State:

\* Zip:

Cell:

\* Fax:

**\* Federal Tax Id or  
Social Security Number**

**\* Type of Business:**

(Select one)

If other, explain:

Corporation:

Partnership:

LLC:

Other:

**\* Number of Employees:**

**\* Number of trucks:**

**\* Date business established:**

**\* Primary use for account:**

**\* Account type requested:**

(Select one)

Charge:

\* Cash/COD:

Amount Requested: \$

**\* Accounts Payable:**

\* Contact:

\* Phone:

Email:

\* Fax:

**For Corporation:**

State of incorporation:

Names, titles and addresses  
of your three chief corporate  
officers:

**For Partnership:**

Names and addresses of  
partners:

**For Sole Proprietorship:**

**\* Tax Exempt:**

Yes:

No:

If yes, provide copy of completed Tax Exempt Form for Indiana/Ohio & ship to addresses if different.

**\* Have you ever had credit  
with us before? If yes,**

Yes:

No:

**provide account details:**

Account Name:

Account #:

Explanation:

**\* Authorized Purchasers:**

**Purchase order required:**

Yes:

No:

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**CREDIT REFERENCES (required only for charge account requests)**

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**Reference #1:**

Name:  
Address:  
City: State: Zip:  
Phone: Fax:

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**Reference #2:**

Name:  
Address:  
City: State: Zip:  
Phone: Fax:

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**Reference #3:**

Name:  
Address:  
City: State: Zip:  
Phone: Fax:

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**BANK REFERENCES (required only for charge account requests)**

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**Bank #1:**

Account #:  
Contact person: Phone:  
Name of bank:  
Address:  
City: State: Zip:

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**Bank #2:**

Account #:  
Contact person: Phone:  
Name of bank:  
Address:  
City: State: Zip:

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I represent that the above information is true and is given to induce Lower Great Lakes Kenworth, Inc. to extend credit to the applicant. My company and I authorize Lower Great Lakes Kenworth, Inc. to make such credit investigation as Lower Great Lakes Kenworth, Inc. sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to any and all, the information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and agree to all of these terms and conditions.

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**Authorized Signature**

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**Title**

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**Printed Name**

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**Date**

**\* Signature Required for ALL account applications to be processed.**

## GENERAL TERMS AND CONDITIONS

No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department. The undersigned warrants the truth and accuracy of foregoing information and acknowledges receipt of this statement and understands that credit terms are as follows:

### ACCOUNT TERMS

The company applying for an account (referred to herein as applicant) agrees to the following terms:

1. Terms of this account are Net 10th. The statement cut off date each month is the last day of the month. Payment for all invoices processed through the end of the month will be due by the 10th of the following month. Cash accounts are due at time of purchase.
2. Applicant agrees to pay a **Finance Charge of 1.75% per month which is 21% APR** on any payments that are past due. Past due payments are those that are received by Lower Great Lakes Kenworth, Inc. after the payment due date. **Finance Charges are calculated as follows:**  
**Daily Percentage Rate = 21% divided by 365 days - .0575%.**  
**Open Item Amount = Amount of Unpaid invoice.**  
**Finance Charge = Number Days Late x Daily Percentage Rate (.0575%) x Open Item Amount.**
3. Applicant agrees to mail all Payments so they are received by Lower Great Lakes Kenworth, Inc. by payment due date (10th of the month) at Lower Great Lakes Kenworth, Inc., PO Box 76, South Bend, IN 46624.
4. Applicant agrees to notify Lower Great Lakes Kenworth, Inc. in writing using the above address, of any changes in ownership in the applicant's company, the name and location of the party responsible for paying the balance on the account at the time of the change in ownership; or of any change in the address where monthly invoice(s)/statements are to be mailed.
5. Applicant agrees that if they default on the payment of any outstanding valid invoices, that applicant will pay all reasonable attorney and/or collection fees incurred by Lower Great Lakes Kenworth, Inc. the purpose of collecting payment from applicant.
6. Applicant agrees that they are responsible for \$35.00 for each returned check fee if payment check is returned NSF from our financial institution.
7. Applicant certifies that there are no judgments or lawsuits pending against applicant as of the date of this agreement in amounts that could materially affect applicants ability to meet it's current obligations.
8. Applicant certifies that the financial condition of applicant's company is satisfactory and the applicant is able to meet all current financial obligations.
9. Applicant agrees that this agreement will be governed by the laws of the State of Indiana.
10. Applicant agrees that the invalidity or unenforceability of and provision of the Agreement shall not affect or impair any other provisions and that the provisions affected shall be reformed to meet the reasonable intent of the invalid provision if possible.
11. Lower Great Lakes Kenworth, Inc. reserves the right to make this account "C.O.D." if applicant fails to make timely payments as outlined in this agreement.
12. Lower Great Lakes Kenworth, Inc. reserves the right to establish a Dollar Credit Limit under this agreement.
13. Lower Great Lakes Kenworth, Inc. reserves the right to maintain, raise or lower the Credit Limit on applicant's account at any time at it's (Lower Great Lakes Kenworth, Inc.) discretion.
14. Lower Great Lakes Kenworth, Inc. reserves the right to terminate this credit agreement at any time, and if terminated, Lower Great Lakes Kenworth, Inc. may demand immediate payment of balance in full.
15. If aft+A53er a period of 6 months with no activity within the account, the account will be closed or changed to a cash account. In order to reopen the account we will require a new credit application.

The representative of the applicant who signs below agrees to all credit terms as outlined above, and said representative certifies that he/she is an authorized representative of applicant with both the power and authority to sign this agreement. Applicant's representative also acknowledges that this agreement represents the complete credit agreement between Lower Great Lakes Kenworth, Inc. and applicant.

\_\_\_\_\_  
\* Signed/Owner/Corporate Officer

\_\_\_\_\_  
\*Date

\_\_\_\_\_  
\* Name (Please Print)

\_\_\_\_\_  
\* Title (please print)

Indiana Department of Revenue
General Sales Tax Exemption Certificate

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft. Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

Sales tax must be charged unless all information in each section is fully completed by the purchaser. Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue.

Section 1 (print only)
Name of Purchaser
Business Address City State Zip
Purchaser must provide minimum of one ID number below.\*
Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate. TID# (10 digits) LOC# (3 digits)
If not registered with the Indiana DOR, provide your State Tax ID Number from another State. State ID# State of Issue
\*See instructions on the reverse side if you do not have either number.

Section 2
Is this a blanket purchase exemption request or a single purchase exemption request? (check one)
Description of items to be purchased.

Section 3
Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)
Sales to a retailer, wholesaler, or manufacturer for resale only.
Sale of manufacturing machinery, tools, and equipment to be used directly in direct production.
Sales to nonprofit organizations claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)
Sales of tangible personal property predominately used (greater than 50 percent) in providing public transportation - provide USDOT#. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a school bus operator, must provide their SS# or FID# in lieu of a State ID# in Section #1. USDOT#
Sales to persons, occupationally engaged as farmers, to be used directly in production of agricultural products for sale. Note: A farmer not possessing a State Business License# may enter a FID# or a SS# in lieu of a State ID# in Section #1.
Sales to a contractor for exempt projects (such as public schools, government, or nonprofits).
Sales to Indiana Governmental Units (agencies, cities, towns, municipalities, public schools, and state universities).
Sales to the United States Federal Government - show agency name. Note: A U.S. Government agency should enter its Federal Identification Number (FID#) in Section #1 in lieu of a State ID#.
Other - explain.

Section 4
I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.
I confirm my understanding that misuse, (either negligent or intentional), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.
Signature of Purchaser Date
Printed Name Title

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.
Seller must keep this certificate on file to support exempt sales.

**Form ST-105**  
**General Information and Instructions**

All four (4) sections of the ST-105 must be completed or the exemption is not valid and the seller is responsible for the collection of the Indiana sales tax.

Section 1 Instructions

- A) **This section requires an identification number.** In most cases this number will be an Indiana Department of Revenue issued Taxpayer Identification Number (TID# - see note below) used for Indiana sales and/or withholding tax reporting. If the purchaser is from another state and does not possess an Indiana TID#, a resident state's business license, or State issued ID# must be provided.
- B) **Exceptions** - For a purchaser not possessing either an Indiana TID# or another State ID#, the following may be used in lieu of this requirement.
- Federal Government** – place your FID# in the State ID# space.
- Farmer** – place your SS# or FID# in the State ID# space.
- Public transportation haulers** operating under another motor carrier authority, or with a contract as a school bus operator, must indicate their SS# or FID# in the State ID# space.
- Nonprofit Organization** – must show its FID# in the State ID# space.

Section 2 Instructions

- A) Check a box to indicate if this is a single purchase or blanket exemption.
- B) Describe product being purchased.

Section 3 Instructions

- A) Purchaser must check the reason for exemption.
- B) Purchaser must be able to provide additional information if requested.

Section 4 Instructions

- A) Purchaser must sign and date the form.
- B) Printed name and title of signer must be shown.

**Note:** The Indiana Taxpayer Identification Number (TID#) is a ten (10) digit number followed by a three (3) digit LOC#. The TID# is also known as the following:

- a) Registered Retail Merchant Certificate
- b) Tax Exempt Identification Number
- c) Sales Tax Identification Number
- d) Withholding Tax Identification Number

The Registered Retail Merchant Certificate issued by the Indiana Department of Revenue shows the TID# (10 digits) and the LOC# (3 digits) at the top right of the certificate.



## Sales and Use Tax Blanket Exemption Certificate

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

\_\_\_\_\_  
(Vendor's name)

and certifies that the claim is based upon the purchaser's proposed use of the items or services, the activity of the purchase, or both, as shown hereon:

***Purchaser must state a valid reason for claiming exception or exemption.***

\_\_\_\_\_  
Purchaser's name

\_\_\_\_\_  
Purchaser's type of business

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City, state, ZIP code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Vendor's license number, if any

Vendors of motor vehicles, titled watercraft and titled outboard motors may use this certificate to purchase these items under the "resale" exception. Otherwise, purchaser must comply with either rule 5703-9-10 or 5703-9-25 of the Administrative Code. This certificate cannot be used by construction contractors to purchase material for incorporation into real property under an exempt construction contract. Construction contractors must comply with rule 5703-9-14 of the Administrative Code.