



**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:

CREDIT REFERENCES (required only for charge account requests)

Reference #1:

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

Reference #2:

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

Reference #3:

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

BANK REFERENCES (required only for charge account requests)

Bank #1:

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

Bank #2:

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

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.

Authorized Signature

Title

Printed Name

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)