



RIHM KENWORTH

RIHM KENWORTH PARTS & SERVICE CREDIT APPLICATION

PLEASE RETURN COMPLETED APPLICATIONS TO A REPRESENTATIVE AT THE RIHM KENWORTH DEALERSHIP LOCATION YOU ARE WORKING WITH.

SELECT ALL LOCATIONS YOU WILL BE PURCHASING PARTS OR SERVICES FROM:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Albert Lea 77847 209th St Albert Lea, MN 56007 507.552.1340	Coon Rapids 9400 Evergreen Blvd Coon Rapids, MN 55433 651.236.6080	Mankato 2401 9th Ave Mankato, MN 56001 507.550.3800	Sauk Centre 805 Shamrock Ln Sauk Centre, MN 56378 320.352.8540	South St. Paul 425 Concord St South South St. Paul, MN 55075 800.988.9235	Superior 4501 Tower Ave Superior, WI 54880 715.395.5350	Winona 6830 Martina Rd Minnesota City, MN 55959 507.452.4400

DATE: _____	BILLING ADDRESS: _____
COMPANY NAME: _____	CITY: _____
OWNER'S NAME: _____	STATE: _____
BUSINESS PHONE #: _____	ZIP CODE: _____
CONTACT PHONE #: _____	FAX #: _____

ACCOUNTS PAYABLE (AP) CONTACT INFORMATION

AP CONTACT NAME: _____	SHIPPING ADDRESS: _____
AP EMAIL: _____	CITY: _____
AP PHONE #: _____	STATE: _____
AP FAX #: _____	ZIP CODE: _____

COMPANY INFORMATION

TYPE OF BUSINESS: _____	YEARS IN BUSINESS: _____
FEDERAL ID OR SOCIAL SECURITY NUMBER: _____	TOTAL NUMBER TRUCKS IN FLEET: _____
DO YOU REQUIRE A PURCHASE ORDER NUMBER? <input type="checkbox"/> NO <input type="checkbox"/> *YES, please provide the contact name & phone number below to issue the P.O.	TRUCKS LEASED WITH: _____
P.O. CONTACT NAME: _____	ARE YOU A CORPORATION OR LLC?: <input type="checkbox"/> NO <input type="checkbox"/> YES
PHONE #: _____	ARE YOU EXEMPT FROM SALES TAX IN THE STATE OF MN OR WI? <input type="checkbox"/> NO <input type="checkbox"/> YES
	*If yes, please complete a SALES TAX EXEMPT form and return it with your completed application

ONLINE ACCESS TO E-BILLING & INVOICES

SELECT ALL ONLINE BILLING OPTIONS BELOW THAT YOU WISH TO UTILIZE FOR ACCOUNT INVOICES & STATEMENTS:

I WANT TO RECEIVE ALL INVOICES TO BELOW EMAIL* REGISTER ME FOR THE AR PORTAL* (Access to view & pay invoices online) I WANT TO RECIEVE EMAIL STATEMENTS* DO NOT REGISTER ME FOR ANY E-BILLING SERVICES

*EMAIL REQUIRED FOR E-BILLING (IF DIFFERENT FROM ABOVE AP EMAIL): _____

BANK REFERENCE

Complete addresses are REQUIRED. Provide an email and/or fax # to expedite application processing.

COMPANY NAME: _____
CONTACT NAME: _____
CONTACT EMAIL: _____
PHONE #: _____ FAX #: _____

ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____

TRADE REFERENCE 1

Complete addresses are REQUIRED. Provide an email and/or fax # to expedite application processing.

COMPANY NAME: _____
CONTACT NAME: _____
CONTACT EMAIL: _____
PHONE #: _____ FAX #: _____

ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____

TRADE REFERENCE 2

COMPANY NAME: _____
CONTACT NAME: _____
CONTACT EMAIL: _____
PHONE #: _____ FAX #: _____

ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____

TRADE REFERENCE 3

COMPANY NAME: _____
CONTACT NAME: _____
CONTACT EMAIL: _____
PHONE #: _____ FAX #: _____

ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____

TRADE REFERENCE 4

COMPANY NAME: _____
CONTACT NAME: _____
CONTACT EMAIL: _____
PHONE #: _____ FAX #: _____

ADDRESS: _____
CITY: _____
STATE: _____
ZIP CODE: _____

TERMS: Net-No Discount. Due the 15th of the month following purchase. Finance charges are computed at an annual rate of 18% of balances left unpaid one month from closing date of statement. Customer is responsible for any reasonable collection costs incurred collecting any past-due amounts.

AUTHORIZATION: The information given is true, correct, and complete. It is given for the purpose of obtaining credit. Rihm Motor Company is authorized to investigate the references and credit information listed to ascertain personal, partnership, or corporate credit and financial responsibility.

SIGNATURE: _____ PRINTED NAME: _____ DATE: _____

INDIVIDUAL GUARANTEE: In addition, if any action is required to collect my/our account, I/We acknowledge and accept the responsibility to cover any and all additional collection fees or services that may be incurred. I/We also agree to personally guarantee payment in full with reasonable attorney fees in the event the account becomes delinquent.

SIGNATURE: _____ PRINTED NAME: _____ DATE: _____

SIGNATURE: _____ PRINTED NAME: _____ DATE: _____

**TO ADD DIGITAL SIGNATURE- CLICK IN THE SIGNATURE FIELD ABOVE AND FOLLOW ALL DIRECTIONS
TO HAND SIGN- PRINT THE FULL DOCUMENT, SIGN AND SCAN TO SUBMIT COMPLETED FORM BY EMAIL**

OFFICE USE ONLY

REFERENCES SENT: _____ SENT BY: _____ APPROVED BY: _____ DISAPPROVED BY: _____

ACCOUNT #: _____ CREDIT LIMIT: _____ SALES PERSON: _____

PRICE CODES SET: _____ DATE APPROVAL SENT: _____ COMPLETION DATE: _____