



WKI Operations, Inc. dba  
 Wichita Kenworth/Dodge City Kenworth  
 Liberal Kenworth/Emporia Kenworth

Return Fax Number:  
 316-789-7319  
 Return Email:

[AR@WichitaKenworth.com](mailto:AR@WichitaKenworth.com)

### APPLICATION FOR ACCOUNT

Please complete this application in its entirety to assure proper processing. Date: \_\_\_\_\_

NAME IN FULL:	INDIVIDUAL	
	PARTNERSHIP	
	CORPORATION	
ADDRESS-INCLUDING CITY, STATE AND ZIP CODE	PHONE NUMBER:	
	FAX NUMBER:	

EMAIL: \_\_\_\_\_

TYPE OF BUSINESS:	NUMBER OF TRUCKS OWNED AND OPERATED IN THE BUSINESS:
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PURCHASE ORDERS WILL BE FURNISHED: YES NO (Please Circle)

**Representatives authorized to make charges will be supplied to us with proper identification.**

ACCOUNTS PAYABLE CONTACT:	PHONE:
EMAIL:	

TRADE REFERENCES: Please provide phone numbers and/or fax numbers for references.

NAME	ADDRESS	PHONE NUMBER

NAME	ADDRESS	PHONE NUMBER

NAME	ADDRESS	PHONE NUMBER

This application is made with the understanding, and agreement, that all charges for parts and/or service work are due and payable on the receipt of statement subject to a late charge at the contract rate permitted by state regulations, but not to exceed 1 1/2% per month if unpaid on the last day of the month following the date of statement. The late charge is not intended as an alternative to payment when due. I (We) agree to the terms stated above and authorize WKI Operations Inc., to process credit inquiries on references provided about for the purpose of establishing credit with WKI Operations, Inc.

Monthly statements and all correspondence pertaining to the account should be addressed to: <b>WKI Operations, Inc.</b> <b>PO Box 4226</b> <b>Wichita, KS 67204</b>	Signature:
	Title:
	Date:

Approved for WKI Operations, Inc.

Credit Manager:	Department Manager:
Date:	Type:
Credit Limit:	Salesman:
City Tax Code:	Account Number Assigned: