

Return Fax To:  
816-241-8619  
ATTN: Accounting

**CREDIT APPLICATION**  
**LIFT TRUCK SALES & SERVICE**

2720 Nicholson Rd.  
Kansas City, MO 64120  
(816) 241-6360 - Fax (816) 241-8619

ATTN: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Area Code & Phone \_\_\_\_\_

Area Code & Fax \_\_\_\_\_

How long in business? \_\_\_\_\_ Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_

Do you claim tax exempt?  Yes  No Check One  Corporation  Partnership  Sole Proprietorship

(If yes, completed exemption certificate must be on file)

Purchase Order Required:  Yes  No

**Corporate Officers:** Name Address

President \_\_\_\_\_

Vice President \_\_\_\_\_

MUST PROVIDE SOCIAL SECURITY # OR FEDERAL TAX I.D. # \_\_\_\_\_

**Trade References**

Name Street Address City State Zip Telephone Number

Name Street Address City State Zip Telephone Number

Name Street Address City State Zip Telephone Number

**Bank References**

Name Street Address City State Contact Acct. # Telephone Number

BY EXECUTION OF THIS APPLICATION FOR CREDIT, WE HEREBY AUTHORIZE THE RELEASE OF ANY AND ALL CREDIT INFORMATION BY OUR BANK AND/OR TRADE REFERENCES NECESSARY FOR THE PROCESSING OF THIS CREDIT APPLICATION.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
TITLE