



Kansas City (913) 371-3822

Omaha (402) 331-9200

Lincoln (402) 325-0447

Norfolk (402) 316-4640

Grand Island (308) 384-2620

Midwest Equipment (Springfield, MO) (417) 732-5505

and it's subsidiary Midwest Equipment & Supply, LLC.

Location (City, State) and Sales Representative

### Application for Commercial Credit and Contract

Please fill out completely. Email signed application to nargard@rbmsco.com. Incomplete applications will not be processed.

Company or Corporation Name or Full Legal Name of Applicant if Sole Proprietor \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street / PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Physical Address \_\_\_\_\_ Street / PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Fax # \_\_\_\_\_

Purchase Order Required Yes No

Years in Business \_\_\_\_\_

Previous Year Gross Annual Sales \_\_\_\_\_

Business Type (Choose One) Corporation or LLC Federal ID #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Corporation	Partner Name (Full Legal / %)	Residence Address	Social Security #
Individual	Partner Name (Full Legal / %)	Residence Address	Social Security #
Partnership	Partner Name (Full Legal / %)	Residence Address	Social Security #
LLC	Sole Proprietorship Name (Full Legal)	Date of Birth	Social Security #
Sole Proprietorship	Spouse Name (Full Legal)	Date of Birth	Social Security #

Tax Exempt Yes No Statements Required Yes No Invoices Emailed Yes No AP Email Address \_\_\_\_\_

Have you ever filed for bankruptcy? Yes No

Has a judgment ever been filed against you? Yes No

Do you have any pending suits against you? Yes No

Have you been in business before? If yes, give name and location of business. \_\_\_\_\_

Bank Reference

Name	Email	Contact Name	Phone #	Account #
------	-------	--------------	---------	-----------

Trade References

Name	Email	Fax #	Phone #	Account #
------	-------	-------	---------	-----------

Name	Email	Fax #	Phone #	Account #
------	-------	-------	---------	-----------

Name	Email	Fax #	Phone #	Account #
------	-------	-------	---------	-----------

Name	Email	Fax #	Phone #	Account #
------	-------	-------	---------	-----------

Insurance

Agency Name \_\_\_\_\_ Email \_\_\_\_\_ Agent Name \_\_\_\_\_ Phone # \_\_\_\_\_

**CREDIT TERMS:** All invoices are due thirty days from the date on the invoice. All balances carried beyond the due date will be delinquent, and at the end of the calendar month due will be assessed a service charge at the rate of 1-1/2% per month (18% annual rate).

**CHANGE OF OWNERSHIP:** I/We understand that we must notify **RoadBuilders Machinery & Supply, Co. Inc.** in writing of any change in ownership, the name of the business or structure of the business under which credit is established.

In the event of default, and if this account is turned over to an agency and/or attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed.

**CHOICE OF VENUE AND JURISDICTION:** Applicant consents to jurisdiction in the State of Kansas, County of Johnson. Applicant agrees that any litigation between the applicant and **RoadBuilders Machinery & Supply, Co. Inc.**, may be brought in Johnson County District Court, State of Kansas and the applicant agrees and consents to such venue.

The undersigned authorizes **RoadBuilders Machinery & Supply, Co. Inc.**, its affiliated companies and/or its assigns to obtain commercial or consumer information about the undersigned from any credit reporting agency and hereby authorizes the named bank(s), financial institution(s) or trade reference(s) to release such information as is necessary to establish credit with **RoadBuilders Machinery & Supply, Co. Inc.**; and hereby grants express permission to **RoadBuilders Machinery & Supply, Co. Inc.**, its designee or any assignee to transmit to the following and other facsimile machines of the undersigned any information relating to any products purchased or rented by the undersigned with credit established with **RoadBuilders Machinery & Supply, Co. Inc.** or its designee. Also indicated is my approval for **RoadBuilders Machinery & Supply, Co. Inc.** and/or its affiliated companies to send me information by mail, fax, or email at the number and/or address listed above. The undersigned will also advise **RoadBuilders Machinery & Supply, Co. Inc.** in writing of any number changes in or additions or deletions to its facsimile machine or email address.

**THE UNDERSIGNED IS AUTHORIZED TO EXECUTE THIS AGREEMENT ON BEHALF OF THE CUSTOMER & ATTESTS FINANCIAL RESPONSIBILITY, ABILITY/WILLINGNESS TO PAY IN ACCORDENCE WITH TERMS:**

Firm Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

\* Remit payments to: **RoadBuilders Machinery & Supply Co. Inc., PO Box 5125, Kansas City, KS 66119**

\* If tax exempt, please attach a copy of your tax exemption certificate.

\* If sole proprietor, please attach a copy of your drivers license.