



13986 Valley Ridge Drive, Omaha, NE 68138
 (402) 895-5500; (402) 895-7773 Fax

3301 Platte Road, Grand Island, NE 68803
 (308) 384-0660; (308) 382-0534 Fax

3410 West 30 Street S, Wichita, KS 67217
 (316) 440-2500; (316) 440-2516 Fax

112 Pearl Street, Dodge City, KS 67801
 (620) 225-3756; (620) 225-1744 Fax

APPLICATION FOR AN OPEN ACCOUNT

Company Information

Application Date: _____

Company Name: _____

Physical Address: _____

City: _____

State _____

Zip: _____

Billing Address: _____

City: _____

State _____

Zip: _____

Phone Number: _____

Fax Number: _____

Principal Owner(s): _____

Circle One:

Corporation

Partnership

Sole Proprietorship

Federal Tax ID: _____

Social Security Number: _____

Amount of Credit Desired: \$ _____

Primary Business Activity: _____

Years in Business: _____

Bank Information

Bank Name: _____

Address: _____

City: _____

State _____

Zip: _____

Account #: _____

Contact Person: _____

Phone Number: _____

Fax Number: _____

Reference Information

Company Name: _____

Address: _____

City: _____

State _____

Zip: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Address: _____

City: _____

State _____

Zip: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Company Name: _____

Address: _____

City: _____

State _____

Zip: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Contact Information

Accounts Payable Contact:

Phone:

Fax:

E-Mail:

Does your company prefer to pay from Invoices or Account Statements?:

Does your purchases require a purchase order?: Y N

If no, then please list authorized purchasers below:

Name:

Phone:

Name:

Phone:

Will your company purchases be subject to state sales tax?: Y N

If no, please provide state sales tax exemption number below:

State Sales Tax Exemption #:

State:

Attach copy of state Sales Tax Certificate

Credit Terms

INVOICES ARE DUE UPON RECEIPT AND DELINQUENT 30 DAYS AFTER INVOICE DATE. AN INTEREST RATE OF ONE AND ONE-HALF PERCENT (1.5%) PER MONTH SERVICE CHARGE IS TO BE ADDED TO ALL DELINQUENT INVOICES. THIS IS AN ANNUAL RATE OF EIGHTEEN PERCENT (18%). SERVICE CHARGES ARE ASSESSED AND ADDED TO THE STATEMENT AND BECOME A PART OF THE PRINCIPAL OBLIGATION OF MIDLANDS CARRIER TRANSICOLD.

ALL OPEN ACCOUNTS ARE TEMPORARILY PLACED ON C.O.D. (CASH ON DELIVERY) BASIS WHEN BECOMING SIXTY (60) DAYS PAST DUE. IF AN OPEN ACCOUNT BECOMES NINETY (90) DAYS PAST DUE, THE ACCOUNT IS PLACED PERMANENTLY ON A C.O.D. BASIS. CREDIT IS NOT A RIGHT, IT IS A PRIVILEGE THAT CAN BE REVOKED IF ABUSED. PAYMENTS MAY NOT BE WITHHELD FOR ANTICIPATED CREDITS, CORE RETURNS, OR PENDING WARRANTY. MIDLANDS CARRIER TRANSICOLD WILL POST ANY AND ALL APPLICABLE CREDITS TO YOUR ACCOUNT IMMEDIATELY RECEIPT OF CORES OR WARRANTY CREDIT FROM FACTORY. SHOULD A CHECK BE RETURNED ON THIS ACCOUNT, THE ACCOUNT HOLDER AGREES TO PAY A RETURNED CHECK FEE OF \$25.00

THE ACCOUNT HOLDER AGREES TO PAY ALL COLLECTION AND/OR ATTORNEY'S FEES ALONG WITH ANY APPLICABLE COURT COSTS DEEMED REASONABLE IN THE EVENT LEGAL ACTION BECOMES NECESSARY TO COLLECT ANY OUTSTANDING BALANCE ON YOUR ACCOUNT. THIS AGREEMENT EMBODIES THE ENTIRE AGREEMENT BETWEEN MIDLANDS CARRIER TRANSICOLD AND THE ACCOUNT HOLDER. NO REVOCATION, PARTIAL OR OTHERWISE OR CHANGE, AMENDMENT, ADDITION, OR MODIFICATION, SHALL BE VALID UNLESS THE SAME BE IN WRITING SIGNED BY BOTH THE ACCOUNT HOLDER AND MIDLANDS CARRIER TRANSICOLD OR BOTH THEIR DULY AUTHORIZED AGENTS.

REMIT PAYMENTS TO: MIDLANDS CARRIER TRANSICOLD, P.O. BOX 30181, OMAHA, NE 68138

THIS IS YOUR CREDIT CONTRACT. THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING AN OPEN CREDIT ACCOUNT AND IS WARRANTED TO BE TRUE, I/WE HEREBY AUTHORIZE THE COMPANY WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY.

Company Name:

Signature of Owner or Authorized Agent:

Date:

APPLICATION FOR AN OPEN ACCOUNT WILL NOT BE PROCESSED IF INCOMPLETE OR UNSIGNED BY PROPER AUTHORITY

Personal Guaranty

PERSONAL GUARANTY SIGNATURE ATTESTS TO THE FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE ABOVE TERMS AND TO RISK PERSONAL FINANCIAL RESPONSIBILITY OF OUR INVOICES, IF NOT PAID WITHIN REASONABLE TERMS.

Signature of Owner or Authorized Agent:

Date:

**MAIL APPLICATIONS TO: CREDIT MANAGER, MIDLANDS CARRIER TRANSICOLD, 13986 VALLEY RIDGE DRIVE,
OMAHA, NE 68138 OR FAX TO (402) 829-3715.**