

KMC FORKLIFT SERVICE INC.

7941 Wickson Ridge Dr.

Bryan, TX. 77808

Office # 979-778-3104 Fax# 979-778-5104

W-9 required for tax purposes

Company Name _____

Contact Person _____

Equipment Location _____

Billing Address _____

Email Address: _____

Phone # _____

Type of Card (Circle One) Visa Mastercard Amex Discover

Credit Card # _____

Expiration Date: ____/____ Security Code: _____

Name On Card: _____

Billing Address of Card: _____

Signature of Cardholder: _____ Date: _____

THIS FORM GIVES KMC FORKLIFT AUTHORIZATION TO CHARGE MY CREDIT CARD FOR PARTS, RENTAL OR RENTAL DAMAGES, AND INVOICES FOR SERVICE WORK. KMC WILL ATTEMPT CALL TO DISCUSS, PRIOR TO APPLYING CHARGE. WE WILL AUTOMATICALLY CHARGE CARD IF WE DO NOT REACH YOU. INVOICE WILL BE SENT VIA EMAIL UNLESS OTHER ARRANGEMENTS ARE MADE.

KMC Forklift, Inc. Account Information

7941 Wickson Ridge Dr, Bryan TX 77808 PHONE 979-778-3104 FAX 979-77B-5104 www.kmcforklift.com

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			Resale#
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation	Partnership	Proprietorship		
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:

Bank References

Institution Name:	Contact Name:
Address:	Email:
	Phone#
Checking Account #	Fax#

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Prepared form is fine, please include W-9 form as well.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Please attach Resale certificate if tax exempt.

Signature

Date