

OFFICE USE ONLY

DATE: _____ SALES INITIAL: _____ CREDIT LIMIT: _____ D&B PAYDEX: _____
ACCOUNT #: _____ PAYMENT TERMS: _____ from invoice date

CORPORATE CREDIT APPLICATION FORM

SELECT ALL LOCATIONS YOU WILL BE DOING BUSINESS WITH:

☐ Albert Lea ☐ Barron ☐ Cloquet ☐ Coon Rapids ☐ Durand ☐ Madison ☐ Mankato
☐ Northfield ☐ Owatonna ☐ Red Wing ☐ Sauk Centre ☐ Sioux Falls ☐ South St. Paul ☐ Superior ☐ Winona

DATE: _____

BILLING ADDRESS: _____

COMPANY NAME: _____

CITY: _____

OWNER'S NAME: _____

STATE: _____

BUSINESS PHONE #: _____

ZIP CODE: _____

CONTACT PHONE #: _____

FAX #: _____

US DOT #: _____

MC #: _____

SELECT ALL AREAS OF BUSINESS YOU WILL BE WORKING WITH: ☐ PARTS & SERVICE ☐ LEASE & RENTAL

ACCOUNTS PAYABLE (AP) CONTACT INFORMATION

AP CONTACT NAME: _____

SHIPPING ADDRESS: _____

AP EMAIL: _____

CITY: _____

AP PHONE #: _____

STATE: _____

AP FAX #: _____

ZIP CODE: _____

COMPANY INFORMATION

TYPE OF BUSINESS: _____

YEARS IN BUSINESS: _____

FEDERAL ID OR SOCIAL SECURITY NUMBER: _____

TOTAL # OF TRUCKS IN FLEET: _____

ARE YOU A CORPORATION OR LLC?

☐ NO ☐ YES

TRUCKS LEASED WITH: _____

REQUESTED CREDIT LIMIT: _____

ARE YOU EXEMPT FROM SALES TAX IN THE STATE OF MN, WI OR SD?

☐ NO ☐ *YES, please complete a SALES TAX EXEMPT form & submit with your completed application

DO YOU REQUIRE A PURCHASE ORDER NUMBER?

☐ NO ☐ *YES, please provide the contact name & phone number below to issue the P.O.

P.O. CONTACT NAME: _____

PHONE #: _____

BUSINESS SERVICES REQUESTED (RIHM LEASING ONLY)

SELECT & FILL IN ALL DETAILS FOR EACH TYPE OF SERVICE YOUR COMPANY IS UTILIZING FROM RIHM LEASING:

☐ MAINTENANCE PLAN

☐ RENTAL*

☐ LEASE*

TOTAL # OF UNITS: _____

TYPE: _____

TYPE: _____

TRACTORS: _____

TERM: _____

TERM: _____

TRAILERS: _____

WEEKLY MILEAGE: _____

WEEKLY MILEAGE: _____

TRUCKS: _____

OTHER: _____

**It's required to have applicable insurance for all rental & leasing services*

ONLINE ACCESS TO E-BILLING & INVOICES (DEALERSHIP LOCATIONS ONLY)

SELECT ALL ONLINE BILLING OPTIONS BELOW THAT YOU WISH TO UTILIZE FOR ACCOUNT INVOICES & STATEMENTS:

- ☐ I WANT TO RECEIVE ALL INVOICES TO BELOW EMAIL* ☐ REGISTER ME FOR THE AR PORTAL* (Access to view & pay invoices online) ☐ I WANT TO RECEIVE EMAIL STATEMENTS* ☐ DO NOT REGISTER ME FOR ANY E-BILLING SERVICES

*EMAIL REQUIRED FOR E-BILLING (IF DIFFERENT FROM AP EMAIL ON PAGE 1): _____

BANK REFERENCE

Complete addresses are REQUIRED. Provide an email and/or fax # to expedite application processing.

COMPANY NAME: _____ ADDRESS: _____
CONTACT NAME: _____ CITY: _____
CONTACT EMAIL: _____ STATE: _____
PHONE #: _____ FAX #: _____ ZIP CODE: _____

CREDIT/TRADE REFERENCES

Complete addresses are REQUIRED. Provide an email and/or fax # to expedite application processing.

	1	2	3
COMPANY NAME			
CONTACT NAME			
ADDRESS			
CITY, STATE & ZIP CODE			
PHONE #			
EMAIL OR FAX #			

RIHM KENWORTH TERMS: Net-No Discount. Due the 30th of the month following purchase. Finance charges are computed at an annual rate of 18% of balances left unpaid one month from closing date of statement. Customer is responsible for any reasonable collection costs incurred collecting any past-due amounts.

RIHM LEASING TERMS: Our terms are net 10 days unless stated in agreement. Accounts not paid in this time frame will be charged a 1.5% interest rate per month and future services will be on a C.O.D basis until account is current. A 2.5% processing fee will be added to all credit/debit card payments. Should collection or legal action be required to collect past dues, fees for such actions will be added to the account charges.

AUTHORIZATION: The information given is true, correct, and complete. It is given for the purpose of obtaining credit. Rihm Motor Company is authorized to investigate the references and credit information listed to ascertain personal, partnership, or corporate credit and financial responsibility.

SIGNATURE: _____ PRINTED NAME: _____ DATE: _____

INDIVIDUAL GUARANTEE: In addition, if any action is required to collect my/our account, I/We acknowledge and accept the responsibility to cover any and all additional collection fees or services that may be incurred. I/We also agree to personally guarantee payment in full with reasonable attorney fees in the event the account becomes delinquent.

SIGNATURE: _____ PRINTED NAME: _____ DATE: _____

SIGNATURE: _____ PRINTED NAME: _____ DATE: _____

TO ADD DIGITAL SIGNATURE: CLICK IN THE SIGNATURE FIELD ABOVE AND FOLLOW ALL DIRECTIONS
TO HAND SIGN: PRINT THE FULL DOCUMENT, SIGN & SCAN TO SUBMIT COMPLETED FORM BY EMAIL TO AR@RIHMFAMILYCOMPANIES.COM