

MOTOR TRUCK



CASH ACCOUNT APPLICATION

Please complete the application below by filling in all fields. Submit the completed and signed application via email to Receivables@kwofpa.com.

Date of Application: _____

Business Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone: _____

Email Address: _____



Your application will NOT be processed if you leave this blank:

Are you Tax Exempt? _____

If YES, a completed and signed PA Tax Exempt form MUST be included with your application.



Signature/Title: _____

Owner, Officer, General Partner or Authorized Person



PRINT your name: _____

INTERNAL USE

Location Accepted Cash Application (Circle One)

Carlisle	Shartlesville
Lancaster	York
Dunmore	McKees Rocks
New Stanton	Muncy
Clintonville	Allentown

Account # Assigned:
