



# Credit Application

Please Return Credit Application To: [applications@kvl tires.com](mailto:applications@kvl tires.com)

KVL Rep: \_\_\_\_\_

## Business/Company Information (Please Print)

Legal Name: \_\_\_\_\_ Trade Name: \_\_\_\_\_

Business Type (Corp, LLC, etc.): \_\_\_\_\_ MC# or DOT#: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ TIME IN BUSINESS: \_\_\_\_\_

**DESIRED CREDIT LIMIT: \$** \_\_\_\_\_

## Individual/Guarantor Information (Please Print)

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone: \_\_\_\_\_

List Employee(s) names and titles that can sign contracts and/or authorize purchase orders/work orders on behalf of your company:

1. \_\_\_\_\_ 2. \_\_\_\_\_

## Accounts Payable Information:

Name of AP Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

## Type of Business

☐ Fleet ☐ Repair Shop ☐ Mobile Repair ☐ Tire Repair

Total # of Pieces of Equipment in Fleet (If Applicable): \_\_\_\_\_

Total # of Trucks: \_\_\_\_\_ Total # of Trailers: \_\_\_\_\_

## Credit Reference:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Estimated Monthly Credit Usage: \_\_\_\_\_

By signing below, each undersigned individual(s), who is either a principal of the credit applicant listed below or a personal guarantor of its obligations, provides written instructions to KVL TIRES INC., its designee, nominees or assignees or potential assignees, authorization to review his or her personal credit profile from a national credit bureau. Authorization is also granted to KVL TIRES INC., its designees, nominees, assignees, or potential assignees to obtain business credit reports, bank references, and trade references, provided to KVL TIRES INC. or to its affiliates and to review any provided financial statements. Such authorization shall extend to obtaining a credit profile in considering the application of the credit applicant and subsequently for the purposes of update, renewal, or extension of such credit and for reviewing or collecting the resulting account. A photo static or facsimile copy of this authorization shall be valid as the original.

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_