



# Gooch Brake Equipment Credit Application

FED I.D. # 26-3131687

**TERMS:**  
Net 10th

DATE

CUST. NO  \*COMPANY NAME- OR PERSON (Full name)

\*MAILING ADDRESS LINE 1  \*TELEPHONE

\*CITY  \*S T  \*ZIP CODE  \*FAX NUMBER

\*SHOP ADDRESS LINE (if different from above)  \*TELEPHONE (if different)

\*CITY (if different from above)  \*S T  \*ZIP CODE  \*FAX NUMBER (if different)

CONTACT NAME  \*EMAIL ADDRESS (if allow contact in this manner)

\* TYPE OF ACCOUNT  Owner/Operator  
 (Check One)  Fleet Account  
 Dealer  Repair Shop  
 Jobber  Construction  
 Bus/Transit  Refuse  
 O.E.M.  Municipality

No. Cars  No. PickUps   
 No. Tractors  No. Trailers

\*Purchase order required ?  Yes  No

\*No. copies of invoices ?  1  2

\*TAX INFORMATION (Download form available from website)

\*CREDIT REFERENCES (Please provide account name, address, phone number, and contact name)  
 1   
 2   
 3

\*BANKING INFORMATION (Please provide name, address, phone number and a contact name if possible)

INTERNAL USAGE ONLY	CLASS	TX CD	STMT CD	AREA	SLSMN	CREDIT LIMIT
(do not write in this area)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Approved by:  Date

Remit to: 506 Grand Blvd.  
Kansas City, Missouri 64106  
Fax 816-421-7970