



# Gooch Brake Equipment Credit Application

FED I.D. # 44-065-9227

**TERMS:**  
Net 10th

DATE

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

\*MAILING ADDRESS LINE 1

\*TELEPHONE

\*CITY  \*ST  \*ZIP CODE

\*FAX NUMBER

\*SHOP ADDRESS LINE (if different from above)

\*TELEPHONE (if different)

\*CITY (if different from above)  \*ST  \*ZIP CODE

\*FAX NUMBER (if different)

CONTACT NAME

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

\* TYPE OF ACCOUNT  Owner/Operator  
 Dealer  Repair Shop  
 Jobber  Construction  
 Bus/Transit  Refuse  
 O.E.M.  Municipality

(Check One)

Fleet Account

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** (do not write in this area)

CLASS  TX CD  STMT CD  AREA  SLSMN  CREDIT LIMIT

Approved by:  Date

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