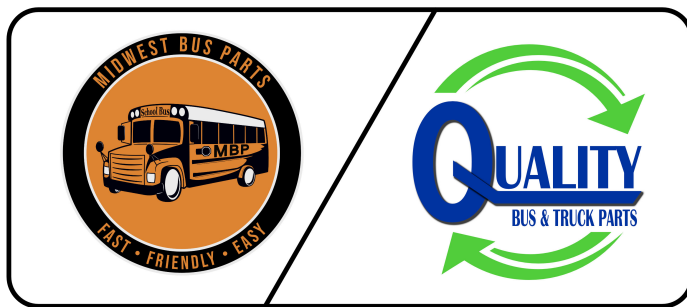


# Midwest Bus Parts, Inc.

575 Humboldt Dr  
PO Box 265  
Big Lake, MN 55309  
Phone: 800-328-2448  
Fax: 763-777-7016

Email: [acct@midwestbusparts.com](mailto:acct@midwestbusparts.com)



## Credit Application

<b>Business Name:</b>			
<b>Date Business Started:</b>			
<b>Phone Number:</b>		<b>Fax Number:</b>	

Main Address					Ship to Address <input type="checkbox"/> Please check box if same as main.						
<b>Street:</b>					<b>Street:</b>						
<b>City:</b>		<b>State:</b>		<b>Zip:</b>		<b>City:</b>		<b>State:</b>		<b>Zip:</b>	

AP Contact Information						
<b>First &amp; Last Name:</b>			<b>Phone #:</b>		<b>Ext.</b>	
<b>Email Address:</b>						
<b>Federal Tax ID# or SSN:</b>						
<b>Merch. Ordered:</b>			<b>Approx. Cost:</b>			
<b>Preferred Payment: (Check the one that applies)</b> <p style="text-align: center;">Net 30 / Credit Card</p>						

<b>Skip to "Online Access" Section if using Credit Card</b>
<b>Officers (if partnership or sole proprietor - list personal references, bank loans, etc.)</b>
1.
2.
3.
4.

### Parts Contact Information

<b>First &amp; Last Name:</b>		<b>Phone #:</b>		<b>Ext.</b>	
<b>Email Address:</b>					

### Bank References

<b>Bank:</b>		<b>Phone Number:</b>	
<b>Contact:</b>			

### Supplier References (Company Name, Contact Name, Phone Number, Email)

<b>Company Name:</b>		<b>Contact Name:</b>	
<b>Email:</b>		<b>Phone #:</b>	
<b>Company Name:</b>		<b>Contact Name:</b>	
<b>Email:</b>		<b>Phone #:</b>	
<b>Company Name:</b>		<b>Contact Name:</b>	
<b>Email:</b>		<b>Phone #:</b>	
<b>Signature:</b>			
<b>Title:</b>		<b>Phone #:</b>	

### Online Access - [www.midwestbusparts.com](http://www.midwestbusparts.com)

We offer customers the ability to place orders for their parts online at [www.midwestbusparts.com](http://www.midwestbusparts.com). Please specify who should be provided login credentials below:

- Use the accounting contact information above.
- Use the part's contact information above.
- Other - please fill out the form →

<b>Federal Tax ID #:</b>	
<b>Signature of Accounting Contact:</b>	

*If tax exempt, please submit your tax exemption form with your application, thank you.*

Online Access Contact Information (Other)				
<b>First &amp; Last Name:</b>				
<b>Email Address:</b>				
<b>Phone Number:</b>		<b>Ext.</b>		
<b>Department:</b>				

Office Use ONLY Please leave blank	
<b>Customer Pricing Tier:</b>	

New customers are immediately eligible for preferred pricing. Please call 800-328-2448 for more information.