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## **CREDIT APPLICATION (SCHOOL DISTRICTS)**

DISTRICT NAME:	
PHONE #:	FAX #:
MAIN ADDRESS:	BUS GARAGE:
STREET:	STREET:
CITY: STATE: ZIP:	CITY: STATE: ZIP:
AP EMAIL:	
FEDERAL TAX ID # OR SOCIAL SECURITY	#:
ACCOUNTING CONTACT INFORMATION:  NAME:  PHONE #:	
PARTS DEPARTMENT CONTACT INFORM	IATION:
NAME:	
PHONE #:	EMAIL:
ONLINE ACCOUNT AT MIDWESTBUSPAR	TS.COM? Yes or No (please circle one):
If yes, please specify the email address and nar	me that you would like the account to be associated with:
EMAIL:	
FIRST NAME:	LAST NAME:

Please fill out a separate tax exemption form and submit with this application.