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CREDIT APPLICATION (SCHOOL DISTRICTS)

DISTRICT NAME: _____

PHONE #: _____ FAX #: _____

ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

AP EMAIL: _____

FEDERAL TAX ID # OR SOCIAL SECURITY #: _____

ACCOUNTING CONTACT INFORMATION:

NAME: _____

PHONE #: _____ EMAIL: _____

PARTS DEPARTMENT CONTACT INFORMATION:

NAME: _____

PHONE #: _____ EMAIL: _____

ONLINE ACCOUNT AT MIDWESTBUSPARTS.COM? Yes or No (please circle one):

If yes, please specify the email address you would like the account to be associated with:

EMAIL: _____

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