

**COOPER KENWORTH, INC.**

P.O. Box 1396
 I-85 North, Service Road at Red Mill Road Exit
 Durham, North Carolina 27702
 (919) 682-5481 Toll Free 1-800-672-0069
 FAX # (919) 682-4095

(please use typewriter or black ballpoint pen and fill out completely)

ACCOUNT NAME: _____ (LEGAL NAME OF PARENT CO. IF DIV. OR SUBSIDIARY)
 BILLING ADDRESS: _____
(IF P.O. BOX, SHOW STREET ADDRESS IN PARENTHESES)
 CITY: _____ STATE: _____ ZIP CODE: _____
 ATTN: _____ COUNTY: _____
 PHONE NO.: () _____ FAX NO.: () _____ RESALE NO.: _____
(ALSO, PLEASE LIST ACCTS./PAYABLE TEL. NO. IF DIFFERENT) (APPLICANTS HAVING N.C. SALES TAX EXEMPT STATUS MUST ENCLOSE A COMPLETED NCE-590 FORM)

SHIP TO NAME & ADDRESS IF _____
 DIFFERENT FROM BILLING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____ COUNTRY: _____

PRESIDENT/OWNER(S) NAME: _____ TREAS./CONTROLLER: _____
 TYPE OF FIRM: INDIVIDUAL PARTNERSHIP PRIVATE CORP. PUBLIC CORP. SS # OR FED. ID #: _____
 CREDIT LINE REQUESTED: \$ _____ NO. OF YEARS IN BUSINESS: _____
 TYPE OF BUSINESS: _____ P.O.'s REQUIRED? _____
 NUMBER OF TRUCKS YOUR COMPANY OPERATES: _____ NUMBER OF TRUCKS IN OUR AREA: _____
 CONTACT AT OUR DEALERSHIP: _____ ANTICIPATED TYPES OF PURCHASES: PARTS SERVICE

APPLICANT'S AUTHORIZATION & AGREEMENT

In support of this application, Cooper Kenworth, Inc., is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application, and person signing this application is also liable hereunder.

We (I) understand that payment terms are net 30 days, payable in full by the 20th of the month following purchase. We (I) further understand that, if payment is not received by the due date, a delinquent charge at the rate of 1.5% per month (annual percentage rate of 18%) will be added to the outstanding balance, plus expenses of collection including a 15% attorney's fee if the account is referred to an attorney for collection. COOPER KENWORTH, INC. reserves the right to limit purchases and service requests and the right to place any account on C.O.D. should Lines of Credit be exceeded and/or payments are not received in a satisfactory manner.

REFERENCES (Please include complete mailing addresses)

BANK NAME	STREET	CITY / STATE / ZIP	PHONE	FAX	CONTACT	ACCOUNT NO.
TRUCK FINANCING SOURCE	STREET	CITY / STATE / ZIP	PHONE	FAX	CONTACT	ACCOUNT NO.
TRADE REFERENCE	STREET				CITY / STATE / ZIP	
PHONE	FAX	CONTACT		ACCOUNT NO.		
TRADE REFERENCE	STREET				CITY / STATE / ZIP	
PHONE	FAX	CONTACT		ACCOUNT NO.		
TRADE REFERENCE	STREET				CITY / STATE / ZIP	
PHONE	FAX	CONTACT		ACCOUNT NO.		

AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____

For Credit Dept. Use Only

Credit Approved _____ Account No. Assigned: _____ Maximum Amt. _____
 Rejected _____ Signed: _____ Date: _____