

HUNTER ERIE TRUCK SALES

8125 WATTSBURG ROAD
 ERIE, PA 16509-4098
 814-825-3330/814-825-4362 (FAX)

1503 AIRSTREAM WAY
 CLEARFIELD, PA 16830
 814-768-7679/814-768-7826 (FAX)

APPLICATION FOR OPEN ACCOUNT

BUSINESS NAME _____ PRINCIPAL OWNER _____
 BILL TO ADDRESS _____ CITY _____ STATE _____ ZIP _____
 SHIP TO ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE (____) _____ FAX (____) _____
 TYPE OF BUSINESS _____ NO. OF TRUCKS IN FLEET _____ TRAILERS _____
 DO YOU ISSUE PURCHASE ORDERS? _____ IF SO, BY WHOM? _____
 ARE YOU TAX EXEMPT? _____ (If exempt, please attach the proper form.) AMOUNT OF CREDIT DESIRED \$ _____
 TYPE OF ORGANIZATION: INDIVIDUAL CORPORATION PARTNERSHIP (If partnership, list names & address below.)
 If individual:
 SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____ SPOUSE _____
 EMPLOYER _____ HOW LONG? _____
 EMPLOYER'S ADDRESS _____ PHONE(____) _____
 If partnership:
 PARTNER'S NAME _____ PARTNER'S NAME _____
 PARTNER'S ADDRESS _____ PARTNER'S ADDRESS _____

ALL BILLS ARE TO BE PAID UPON RECEIPT OF A STATEMENT OR BY THE 10TH OF THE MONTH FOLLOWING INVOICING. ANY INVOICE NOT PAID AFTER THIRTY (30) DAYS FROM INVOICE IS CONSIDERED PAST DUE AND SUBJECT TO AN INTEREST CHARGE OF 1.5% PER MONTH (18% PER YEAR.)
 In consideration for the granting of credit I (we) submit the above information which you may rely on as being accurate. I (we) further authorize any of my (our) creditors, including my (our) bank reference, to release information to HUNTER ERIE TRUCK SALES regarding my (our) financial status. I (we) have read and agree to be bound by the credit terms of HUNTER ERIE TRUCK SALES, as listed above.

 AUTHORIZED SIGNATURE DATE

REFERENCES (complete name, address, phone required)

BANK NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (____) _____ ACCT NO. _____

T R A D E
 NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (____) _____ FAX (____) _____

R E F E R E N C E
 NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (____) _____ FAX (____) _____

C R E D I T
 NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (____) _____ FAX (____) _____

FOR OFFICE USE ONLY—DO NOT WRITE IN THIS SECTION

DATE OPEN _____ LOAN _____
 AV. BALANCE _____ ORIG. AMT.\$ _____
 RETURNS/NSF _____ CUR. BAL.\$ _____
 REMARKS _____

DATE OPEN _____
 HIGH CREDIT \$ _____
 CURRENT BALANCE \$ _____
 TERMS _____

DATE OPEN _____
 HIGH CREDIT \$ _____
 CURRENT BALANCE \$ _____
 TERMS _____

DATE OPEN _____
 HIGH CREDIT \$ _____
 CURRENT BALANCE \$ _____
 TERMS _____

CREDIT OFFICE USE ONLY	CREDIT APPROVED _____	ACCOUNT NUMBER _____	RECEIVED BY _____
	DATE APPROVED _____	CREDIT LIMIT \$ _____	DATE RECEIVED _____
	APPROVED BY _____	BRANCH _____	LETTER SENT _____
	CREDIT DENIED _____	TAX EXEMPT _____	DATE SENT _____ BY _____