

# Hunter Leasing, Inc

174 Onedia Valley Road  
Butler, PA 16001  
724-282-0641 (Fax) 724-282-0173

## 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 10<sup>TH</sup> 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 TRUCK SALES regarding my (our) financial status. I (we) have read and agree to be bound by the credit terms of HUNTER TRUCK SALES, as listed above.

\_\_\_\_\_  
AUTHORIZED SIGNATURE DATE

### REFERENCES (complete name, address, phone required)

**BANK NAME** \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ ACCT NO. \_\_\_\_\_

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NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
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ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

### FOR OFFICE USE ONLY—DO NOT WRITE IN THIS SECTION

DATE OPEN \_\_\_\_\_ LOAN \_\_\_\_\_  
A.V. 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 \_\_\_\_\_

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