

HUNTER BUFFALO PETERBILT

2370 Walden Avenue

Buffalo, NY 14225

Phone: (716) 684-0010 / Fax: (716) 684-0181

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 BUFFALO PETERBILT, regarding my (our) financial status. I (we) have read and agree to be bound by the credit terms of HUNTER BUFFALO PETERBILT, 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 _____
PHONE (____) _____ FAX (____) _____

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CITY _____ STATE _____ ZIP _____
PHONE (____) _____ FAX (____) _____

S
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 _____