

# HUNTER TRUCK SALES & SERVICE INC.

PO BOX H 101 EAST MAIN ST.  
EAU CLAIRE, PA 16030  
724-791-2525/791-2837(FAX)

519 PITTSBURGH ROAD  
BUTLER, PA 16002  
724-586-7744/586-2151(FAX)

100 HUNTER WAY  
SMITHFIELD, PA 15478  
724-564-4292/564-4291(FAX)

4637 CAMPBELLS RUN ROAD  
PITTSBURGH, PA 15205  
412-787-0600/787-3878(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 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 & SERVICE INC. regarding my (our) financial status. I (we) have read and agree to be bound by the credit terms of HUNTER TRUCK SALES & SERVICE INC., as listed above.*

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

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

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

T NAME \_\_\_\_\_  
R ADDRESS \_\_\_\_\_  
A CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
D PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
E

R NAME \_\_\_\_\_  
E ADDRESS \_\_\_\_\_  
F CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
R PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_  
E

N NAME \_\_\_\_\_  
E ADDRESS \_\_\_\_\_  
S 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 _____