

HUNTER TRUCK

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: _____ NO. OF 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.)

INDIVIDUAL:

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: ____/____/____

SPOUSE NAME: _____

EMPLOYER: _____ HOW LONG? _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE NUMBER: (____) _____

PARTNERSHIP:

PARTNER NAME: _____ ADDRESS _____

PARTNER NAME: _____ 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 COMPANIES regarding my (our) financial status. I (we) have read and agree to be bound by the credit terms of HUNTER COMPANIES, as listed above.

AUTHORIZED SIGNATURE

DATE

SEND COMPLETED APPLICATION TO:

Mail: Kathy Setnar 519 Pittsburgh Road, Butler, PA 16002

Fax: 724-586-2151

Email: ksetnar@huntertrucksales.com

**PLEASE LIST BUSINESS TRADE REFERENCES.
NO PERSONAL REFERENCES WILL BE ACCEPTED.**

BANK NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE (____) _____ FAX (____) _____ ACCT NO. _____	Please list at least 3 trade references. (Charge accounts for supplies, tires, truck parts, etc.) We do credit references by FAX ONLY , please supply fax numbers for processing . Please allow at least 2 weeks for processing. Any missing information may delay processing. Thank you! We look forward to doing business with you.																	
T R A D E	NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE (____) _____ FAX (____) _____	NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE (____) _____ FAX (____) _____																
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HUNTER TRUCK

ACCOUNT CONTACT INFORMATION

Accounts Payable

Contact Name: _____

Address: _____

E-mail address: _____

Phone number: _____

Fax number: _____

STATEMENT OF ACCOUNT AND INVOICES

I would like my invoices emailed: Yes No

If yes please provide the email address or addresses:

I would like my account statement to be emailed: Yes No

If yes please provide the email address or addresses:

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HUNTER TRUCK

CREDIT POLICY

- I. All Charge Accounts are due and payable in full by the 10th of the month after receipt of your statement.
- II. Any account over 30 days past due and within your credit limit requires the Credit Manager's approval for additional charges. Any balance unpaid before the date of the next month's statement will be subject to a delinquency charge of 1.5% per month (18% APR.) To maintain an open line, delinquency charges must be paid.
- III. Any account that becomes 60 days past due will automatically be placed on C.O.D.
- IV. Major repairs or parts purchases that would exceed your credit limit must be paid for at the time of the repairs or purchases.

In consideration for the granting of credit, I/we have read and agree to be bound by the HUNTER COMPANIES credit policy, as stated above.

Company Name: _____

Authorized Signature: _____

Printed Name: _____

Date: _____

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HUNTER TRUCK

CONFIDENTIAL AGREEMENT

IN CONNECTION WITH YOUR TRANSACTION, THE HUNTER COMPANIES MAY OBTAIN INFORMATION ABOUT YOU AS DESCRIBED IN THIS NOTICE.

INFORMATION WILL BE HANDLED AS STATED BELOW:

1. WE COLLECT NONPUBLIC INFORMATION ABOUT YOU FROM THESE SOURCES:
 - A. INFORMATION WE RECEIVE FROM YOU ON YOUR APPLICATIONS OR OTHER FORMS.
 - B. INFORMATION WE OBTAIN ABOUT YOUR TRANSACTION WITH US, INCLUDING OUR AFFILIATES.
 - C. A CONSUMER REPORTING AGENCY.

2. WE RESTRICT ACCESS TO NONPUBLIC INFORMATION ABOUT YOU TO THOSE EMPLOYEES WHO NEED TO KNOW THAT INFORMATION TO PROVIDE SERVICES TO YOU. WE MAINTAIN PHYSICAL, ELECTRONIC AND PROCEDURAL SAFEGUARDS THAT COMPLY WITH FEDERAL REGULATIONS TO GUARD YOUR NONPUBLIC PERSONAL INFORMATION.

CUSTOMER ACKNOWLEDGEMENT:

I (WE) ACKNOWLEDGE THAT I (WE) HAVE READ AND UNDERSTAND THIS CONFIDENTIAL AGREEMENT ON THE DATE INDICATED BELOW.

CUSTOMER NAME (PRINT)

DATE

AUTHORIZED SIGNATURE, TITLE

DATE

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