

Please return completed 2 page application to:  
Attn: Credit Dept.  
Email: credit@huntertruck.com  
Fax: 724.586.5750  
Mail: 480 Pittsburgh Rd. Butler, PA 16002

# HUNTER TRUCK

## LEASING & RENTAL CREDIT APPLICATION

TYPE OF ORGANIZATION: INDIVIDUAL [ ] CORPORATION [ ] LLC [ ] PARTNERSHIP [ ]

AMOUNT OF CREDIT DESIRED \$ \_\_\_\_\_ HUNTER TRUCK LOCATION: \_\_\_\_\_

**INDIVIDUAL:**

FULL NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
EMPLOYER \_\_\_\_\_ PHONE NUMBER (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**CORPORATION:**

LEGAL BUSINESS NAME AND/OR DBA \_\_\_\_\_ EIN# \_\_\_\_\_  
PRINCIPAL OWNER/OFFICER(S) \_\_\_\_\_ TITLE(S) \_\_\_\_\_

**BILL TO ADDRESS**

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**SHIP TO ADDRESS**

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ BUSINESS START DATE \_\_\_\_\_

#OF TRUCKS \_\_\_\_\_ #OF TRAILERS \_\_\_\_\_

DO YOU ISSUE PURCHASE ORDERS? \_\_\_\_\_

IF SO, BY WHOM? NAME \_\_\_\_\_ PHONE(\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

ARE YOU SALES TAX EXEMPT? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, IN WHICH STATES ARE YOU EXEMPT? \_\_\_\_\_

(NOTE: A CURRENT VALID EXEMPTION CERTIFICATE FOR ALL STATES LISTED MUST BE ATTACHED)

**BANK REFERENCE:**

BANK NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT \_\_\_\_\_ ACCOUNT # \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ FAX(\_\_\_\_) \_\_\_\_\_

Please provide at least 3 Trade References (Charge accounts for other business supplies, etc.)

Fax Information must be provided to avoid any delayed processing. Please allow 2 weeks for processing.

**TRADE REFERENCES:**

REFERENCE NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(\_\_\_\_) \_\_\_\_\_ FAX(\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

REFERENCE NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(\_\_\_\_) \_\_\_\_\_ FAX(\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

REFERENCE NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(\_\_\_\_) \_\_\_\_\_ FAX(\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

REFERENCE NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(\_\_\_\_) \_\_\_\_\_ FAX(\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

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.  
AUTHORIZED SIGNATURE(S) X \_\_\_\_\_ DATE \_\_\_\_\_ PAGE 1 OF 2

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<b>REQUIRED ACCOUNT CONTACT INFORMATION:</b>
ACCOUNTS PAYABLE
CONTACT NAME _____
PHONE (____) _____ FAX (____) _____ EMAIL _____
STATEMENT OF ACCOUNT AND INVOICES
EMAIL DELIVERY OF INVOICES? YES _____ OR NO _____
IF YES, PLEASE PROVIDE EMAIL _____
EMAIL DELIVERY OF MONTHLY ACCOUNT STATEMENT? YES _____ OR NO _____
IF YES, PLEASE PROVIDE EMAIL _____

### **CREDIT POLICY**

- All Charge Accounts are due and must be paid in full by the 10th of each month upon receipt of that month's statement.
- 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.
- Any account that becomes 60 days past due will automatically be placed on C.O.D.
- Major repairs or parts purchases that would exceed your credit limit must be paid for at the time of the repairs or purchases.

### **CONFIDENTIALITY AGREEMENT**

IN CONNECTION WITH YOUR TRANSACTION, HUNTER COMPANIES MAY OBTAIN INFORMATION ABOUT YOU AS DESCRIBED IN THIS NOTICE; INFORMATION WILL BE HANDLED AS STATED.

WE COLLECT NONPUBLIC INFORMATION ABOUT YOU FROM THESE SOURCES. INFORMATION WE RECEIVE FROM YOU ON YOUR APPLICATIONS OR OTHER FORMS. INFORMATION WE OBTAIN ABOUT YOUR TRANSACTION WITH US, OUR AFFILIATES AND CONSUMER REPORTING AGENCIES WILL BE KEPT CONFIDENTIAL.

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.

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

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

BY THE SIGNATURE OF THE APPLICANT (OFFICER, PRINCIPAL, OWNER OR PARTNER) YOU HEREBY AUTHORIZE the HUNTER FAMILY of COMPANIES TO RUN A FULL INVESTIGATION OF YOUR CREDIT HISTORY INCLUDING, BUT NOT LIMITED TO, OBTAINING A CONSUMER CREDIT REPORT.

AUTHORIZED SIGNATURE(S) X _____
PRINTED NAME(S) _____ TITLE(S) _____

CREDIT DATE RECEIVED \_\_\_\_\_ BY \_\_\_\_\_ VIA \_\_\_\_\_ BRANCH \_\_\_\_\_  
OFFICE CREDIT APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ CREDIT LIMIT \$ \_\_\_\_\_ ACCOUNT# \_\_\_\_\_