



The Hunter Family of Companies

Parts & Service Credit Application

Corporate Office:
 The Hunter Family of Companies
 480 Pittsburgh Road
 Butler, PA 16002
 PH: 888-965-5770
 FAX: 724-586-5750
 www.huntertrucksales.com

Please return completed 2 Page Application to:
 Email: credit@huntertrucksales.com
 Fax: 724-586-5750
 Mail: 480 Pittsburgh Road Butler, PA 16002

Primary Hunter Location(s) Utilized: _____

TYPE OF ORGANIZATION: INDIVIDUAL [] CORPORATION [] LLC [] PARTNERSHIP []	AMOUNT CREDIT DESIRED \$ _____
BILL TO ADDRESS _____ SHIP TO ADDRESS _____	
CITY _____ STATE _____ ZIP _____ 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)	

IF INDIVIDUAL:
 LEGAL NAME _____
 SOCIAL SECURITY NUMBER _____ - _____ - _____ DATE OF BIRTH ____/____/____
 EMPLOYER _____ HOW LONG? _____
 EMPLOYER'S ADDRESS _____
 EMPLOYER'S PHONE NUMBER (____) _____

IF CORPORATION:
 LEGAL BUSINESS NAME AND/OR DBA _____ DNB# _____
 PRINCIPAL OWNER/OFFICER(S) _____ TITLE(S) _____

IF PARTNERSHIP:
 PARTNER'S NAME _____ PARTNER'S NAME _____
 PARTNER'S ADDRESS _____ PARTNER'S ADDRESS _____

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 or Email 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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REQUIRED ACCOUNT CONTACT INFORMATION:

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)** _____

DATE _____

CREDIT DATE RECEIVED _____ BY _____ VIA _____ BRANCH _____
OFFICE CREDIT APPROVED _____ DENIED _____ CREDIT LIMIT \$ _____ ACCOUNT# _____
USE TAX EXEMPT _____ DATE SENT _____ LETTER SENT _____