

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

PARTS & SERVICE 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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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) _____

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