



P:631-424-8354
 F: 631-427-6479
 1026 E. Jericho Tpke.
 Huntington Station, N.Y. 11746

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| CREDIT APPLICATION | BUSINESS CONTACT INFORMATION |
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| | | | |
|--------------------------|--------------|------------------------------|--------|
| Title: | | Officers/Owners: | |
| Company Name: | | | |
| Phone: | Fax: | E-mail: | |
| Address: | | | |
| Date business commenced: | | How long at current address? | |
| Sole proprietorship: | Partnership: | Corporation: | Other: |

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| BANK INFORMATION | | | |
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| Bank name: | | Contact Person: | |
| Bank address: | | Phone: | Fax: |
| City: | | State: | Zip Code: |
| Type of accounts: | | Account numbers: | |
| Please provide credit card information for your customer file only *** (see note below) | | Credit Card Type: _____ | |
| | | Account #: _____ | |
| | | Expiration Date: _____ | |

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| BUSINESS/TRADE REFERENCES | | | |
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|------------------|-------|---------|------|
| Company Name: | | | |
| Address: | City: | State: | Zip: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | City: | State: | Zip: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |
| Company name: | | | |
| Address: | City: | State: | Zip: |
| Phone: | Fax: | E-mail: | |
| Type of account: | | | |

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| AGREEMENT | | | |
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1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Hendrickson Truck Center to make inquiries into the banking and business/trade references that you have supplied.
3. There will be a late charge of 1-1.5% per month against a balance past 30 days.
4. By signing below you agree to all terms and conditions and to pay all costs of any collection fees and attorneys fees incurred if the account becomes delinquent.
5. *Credit card must be provided for your customer file. It will not be charged unless authorized, or if account becomes delinquent past 120 days.

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| SIGNATURES | |
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|-------------|-------------|
| NAME/TITLE: | PRINT/DATE: |
|-------------|-------------|