

H & H Mack Sales Inc.

80 Green Pond Road

Rockaway, NJ 07866

Phone: 973-625-3330 /Fax: 973-625-4178

CREDIT APPLICATION



Corporate or Trade Name _____

Federal Tax ID Number _____

Address _____

NJ Corporation Code _____

Years in Business _____

City, State & Zip _____

Number of Trucks Owned _____

Number of Mack Trucks _____

Telephone No. _____ Fax No. _____

Type of Macks (RD, DM, CH) Average Age of Macks _____

Accounts Payable Contact & Ext. _____

Truck Purchase Contact & Ext. _____

Service Contact Person & Ext. _____

We would like to be placed on the H & H Mack email list to receive information regarding truck and parts specials.

Parts Contact Person & Ext. _____

Email Address _____

YES

NO

TRADE REFERENCES: (Complete name, address, city, state, zip & telephone number)

Name: _____

Telephone: _____

Address: _____

A/P Contact: _____

City, St, Zip: _____

Name: _____

Telephone: _____

Address: _____

A/P Contact: _____

City, St, Zip: _____

BANK REFERENCE: (Complete name, address, city, state, zip & telephone number)

Name: _____

Telephone: _____

Address: _____

Bank Contact: _____

City, St, Zip: _____

Account No: _____

UPON SIGNING THIS DOCUMENT, THE COMPANY AGREES TO THE FOLLOWING TERMS:

BALANCE DUE 20 DAYS FROM DATE OF STATEMENT, ANY BALANCE AFTER 20 DAYS IS SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH OR 18% PER YEAR. RETURNS ON PARTS MUST BE DONE WITHIN TEN (10) DAYS FROM THE DATE OF THE ORIGINAL PURCHASE WITH THE ORIGINAL SALES RECEIPT. PURCHASER IS RESPONSIBLE FOR ANY COLLECTION OR LEGAL FEES PAID BY H & H MACK SALES, INC. NECESSARY TO COLLECT OUTSTANDING DELINQUENT BALANCES

Signature: _____

Title: _____

Print/type Name: _____

Date: _____

OWNER/ OFFICER INFORMATION:

Principal's Name _____

Social Security #

/

Principal's Date of Birth

Principal's Address _____

Principal's Drivers License # _____

City, State & Zip _____

Principal's Telephone No. _____

UPON SIGNING THIS DOCUMENT, I AGREE TO THE FOLLOWING TERMS:

I HEREBY GIVE H& H MACK SALES, INC. PERMISSION TO CHARGE TO VISA AND/OR MASTERCARD ANY BALANCE DUE ON THIS ACCOUNT, INCLUDING INTEREST CHARGES, IF PAYMENTS ARE NOT MADE AS REQUIRED BY THE TERMS OF THIS ACCOUNT. THIS ALSO CERTIFIES THAT THE VISA/MASTERCARD NUMBER BELOW BELONGS TO THE PERSON WHOSE NAME APPEARS AT THE TOP OF THIS APPLICATION, AND IS THE SAME AS THE SIGNATURE BELOW. THE UNDERSIGNED UNCONDITIONALLY PERSONALLY GUARANTEES OBLIGATION OF CORPORATION OR COMPANY WHICH HAS BEEN GRANTED CREDIT WITH H & H MACK SALES, INC..

Signature: _____

Title: _____

Print/type Name: _____

Date: _____