



Transportation Equipment Specialists

311 Crown Point Road • Thorofare, NJ 08086

Phone: 856-845-2800 • FAX: 856-845-2461

Credit Limit Approved _____

Initials _____

APPLICATION FOR CREDIT

(Applicant – Please complete the three pages and sign)

The following information must be completed in full and will be held in the strictest confidence.

BILL TO: Name of firm or individual

SHIP TO: Name of firm or individual

BILL TO ADDRESS

SHIP TO ADDRESS

BILL TO CITY, STATE, ZIP CODE

SHIP TO CITY, STATE, ZIP CODE

BILL TO TELEPHONE/FAX NUMBER

SHIP TO TELEPHONE/FAX NUMBER

Number of years in business

SS# or FID#

Corporation

Partnership

Individual

Check here if incorporated within the last twelve (12) months.

Amount of credit applying for _____

PRINCIPALS:

Name Address (City,State,Zip Code) Telephone Number

Name Address (City,State,Zip Code) Telephone Number

BANK REFERENCE:

Bank Name Address (City,State,Zip Code) Telephone/Fax Number

TRADE REFERENCE:

Company Name Address (City,State,Zip Code) Telephone/Fax No.

Company Name Address (City,State,Zip Code) Telephone/Fax No.

Company Name Address (City,State,Zip Code) Telephone/Fax No.

IN ORDER FOR THIS APPLICATION TO BE CONSIDERED FOR OPEN ACCOUNT, ALL INFORMATION MUST BE ACCURATE AND COMPLETE. PLEASE READ THE FOLLOWING TERMS AND CONDITIONS. ONCE THE APPLICATION HAS BEEN COMPLETED AND THE TERMS ARE AGREED UPON, THE APPLICATION MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY.

Until credit is approved, terms are "cash" sales for purchases.

In consideration for credit being extended, I or we acknowledge and agree to the following terms and conditions:

1. Terms are Equipment Sales – Net 10 days / Parts – Net 30 days and payments are due 30 days from the Invoice date.
2. Accounts not paid by the due date will be subjected to automatic posting of service charges of **1.5% Monthly or 18% Annually.**
3. Any charges still outstanding after 90 days from the date of delivery may be subject to collection, and all collection or arbitration expenses, attorney's fees and court cost will be borne by the purchaser.
4. All claims, requests for adjustments or notification of errors must be made within thirty (30) days, or charges are considered accepted.
5. The undersigned authorizes H. A. De Hart & Son to conduct such investigation necessary to determining credit worthiness and financial responsibility of the company requesting and open account.
6. This agreement shall apply to all current and future charges unless revocation is received.
7. Credit privileges may be withdrawn at any time without invalidating the terms of this agreement.
8. The undersigned agrees that his (her) company will pay interest and fees on all amounts due according to the terms #1, #2 and #3.

We certify that all the information on this form is correct and that we fully understand the credit terms and agree to pay promptly in consideration of the extension of credit.

Company Name _____ Date _____

Authorized Signature _____

Print Name _____ Title _____

If exempt from New Jersey Sales Tax, please attached "Sales Exemption Certificate" with your application.



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**BANK REFERENCE – REQUEST FOR CREDIT REFERENCE
(Applicant – Please complete top portion only)**

Date_____

Dear Sirs:

The following customer is in the process of opening an account with us and has given your bank as a reference. This account is for parts and service repairs on their vehicles.

NAME_____

ADDRESS_____

CHECKING ACCOUNT NUMBER_____

CUSTOMER'S SIGNATURE_____

Bank/Credit Department, please complete the necessary information at the bottom of this request and return to H.A. Dehart & Son by mail or fax to us at (856) 845-2461.

Sincerely,

Customer Service

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BANK REFERENCE_____

CUSTOMER_____

AVERAGE BALANCE_____

COMMERCIAL CREDIT_____

INSTALLMENT_____

SIGNATURE_____ TITLE_____