

CREDIT/FINANCE APPLICATION



GENERAL INFORMATION											
CUSTOMER NAME						FEDERAL TAX ID #					
MAILING ADDRESS					CITY	Y COUI			STATE	ZIP	
PHYSICAL ADDRESS					CITY		COUNTY		STATE	ZIP	
FORM OF	OWNERSH	IP									
STATE OF INCOR	RPORATION	OR	Ganizational II	D #		☐ Corporation ☐ Proprietorship ☐ Other (specify) ☐ Partnership ☐ LLC					
YEAR BUSINESS ESTABLISHED/STARTED DUNS NUMBER					HAS BUSINESS OR OWNER OR PRINCIPAL EVER DECLARED BANKRUPTCY? Yes No					RED BANKRUPTCY?	
TAX EXEMPT Yes No (If yes, attach certificate)						PURCHASE ORDERS NUMBER			R OF EMPLOYEE	ES	
PRIMARY	CONTACTS	5									
Accounting	nting NAME			EMAIL			PHONE#		EMAIL INVOICES? YES/NO Yes No		
Parts	NAME			EMAIL			PHONE#		CELL.#	CELL.#	
Equipment	uipment			EMAIL			PHONE#		CELL.#		
PRINCIPAL	OWNERS	OR STOC	KHOLDERS	AND O	FFICERS						
NAME			ADDRESS/	ADDRESS/CITY/STATE			DOB		SOCIAL SE	SOCIAL SECURITY #	
NAME			ADDRESS/	ADDRESS/CITY/STATE			DOB		SOCIAL SECURITY #		
NAME			ADDRESS/	ADDRESS/CITY/STATE			DOB		SOCIAL SECURITY #		
BANK AND	CREDIT II	NFORMAT	ION								
BANK ADDRESS						ACCOUNT		CONTACT	CONTACT		
FINANCE ADDRESS						ACCOUNT		CONTACT	CONTACT		
FINANCE ADDRESS						ACCOUNT		CONTACT			
TRADE ADDRESS					ACCOUNT		CONTACT				
TRADE ADDRESS						ACCOUNT		CONTACT			
INSURANCE/BC	NDING INFORM	MATION									
The undersigned financial institution undersigned individuals assignee or poteic considering this a	ompany. I/We a authorizes highvon(s) or vendor re vidual(s) who is/a ntial assignee the application and fo	agree to pay way equipment iference(s) to relare either a prince ereof authorizing or the purposes	company or its assease such informatipal of the credit as preview of his/her of any update, relishall be valid as the	h service classignee to obta- tion as is necepplicant or a personal creenewal or extended the original. i/	harge on any o ain information fro cessary to establis personal guarant dit profile from a r nsion of such crea we affirm my/our	outstanding of om any credit resh credit, finandor of its obligational credit to dit or additional identity as the	charges 30 eporting ager cing or leasin tions, provide oureau. such all credit and frespective in	idividuals identified in	ne standard net orizes the above no in the above mention to highway equip- extend to obtaining eviewing and/or con in the above applic	amed bank(s), oned parties. the ment company or its a credit profile in ollecting the account. ation.	
Name:				d:		Title:_			Date:		
Name:							Title:				
statement, please co	ontact: Highway Equi	ipment Company, 2	2035 Perry Highway,	Zelienople, PA. 1	16063, 724-452-7800	, within 60 days fr	om the date you	n statement of the specif u are notified of our decis minating against credit ar	ion. We will send you	a written statement of	

national origin, sex, martial status, or age. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.