



H & H Mack Sales Inc.  
 80 Green Pond Road, P.O. Box 693  
 Rockaway, NJ 07866  
 Phone: 973-625-3330 / Fax: 973-625-4178

**CREDIT APPLICATION**

Corporate or Trade Name \_\_\_\_\_

Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

Address \_\_\_\_\_

Number of Trucks Owned \_\_\_\_\_ Number of Mack Trucks \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Type of Macks (RD, DM, CH) Average Age of Macks \_\_\_\_\_

( ) - ( ) -  
 Telephone No. Fax No.

Truck Purchase Contact & Ext. \_\_\_\_\_

Accounts Payable Contact & Ext. \_\_\_\_\_

Total Monthly "Mack" Parts Purchases \_\_\_\_\_

Service Contact Person & Ext. \_\_\_\_\_

**We would like to be placed on the H & H Mack fax mail 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: \_\_\_\_\_

Visa or M/C # \_\_\_\_\_

Print/type Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_