



Application for Credit With:



Hoover Truck Centers, Inc.
T/A Transport Truck & Equipment Co., Inc.
Robert H. Hoover & Sons, Inc.

Locations:

PO Box 719		
Goldmine Road	1784 Route 9	1504 Mainline Drive
Flanders, NJ 07836	Toms River, NJ 08753	Cinnaminson, NJ 08077
Phone: 973-347-4210	Phone: 732-347-2128	Phone: 856-773-4600
Fax: 973-347-0170	Fax: 732-341-8854	Fax: 856-773-4610

Remit to Address: PO Box 719, Flanders NJ 07836

TERMS: Net 30 / 1.5% Finance Charge on ALL Past Due Balances.

Please be sure to review your application for completeness.

Return Via Fax to 973-347-0170

Mail to PO Box 719, Flanders NJ 07836

Email: erinm@hoovertruckcenters.com

Please provide the following documents with this application:

- A.) Complete Sales Tax Form
- B.) Business Card

The following information **MUST** be provided in **FULL**. It will be held in the strictest of confidence.

Name of Company/Individual(s)

Mailing Address

City State/Zip County

Physical Address

City State/Zip

Years at this Address Type of Business

Accounting Phone # Accounting Email Address

Shop Phone Number Fax Number NJ Tax ID#/Social Security #

The Company/Individual(s) listed above hereby applies for credit in accordance with the terms Set forth in this four page application for credit.

Ownership Information:

Corporation
 Partnership
 LLC
 Individual

Name of Principal

Name of Principal

Personal Address

Personal Address

City State Zip

City State Zip

Phone Number

Phone Number

Credit References:

Bank Reference:

Bank Name

Bank Phone # Bank Fax #

Account Number

Contact Person

Trade References:

1.) _____
Name

Address

Phone # Fax#

City State Zip

2.) _____
Name

Address

Phone # Fax#

City State Zip

3.) _____
Name

Address

Phone # Fax#

City State Zip

Are Purchase Orders Required? _____ Yes _____ No
Name of those authorized to purchase?

I/We certify that all the information on this form is correct. I/we fully understand your credit terms as stated on page 1 of this credit application and agree to proper payment in consideration of extended credit.

Signature of Owner/Officer: _____
Please Print Name: _____

Date: _____

It is agreed that this is an application for an open account for the purchase of heavy duty vehicle parts and service.

All invoices are due and payable 30 days after invoice date.

Statement closing date is the 25th of every month.

Finance Charge: 1.5% per month on all invoices not paid within 30 days of invoice date.

Open account privileges may be withdrawn when any unpaid account becomes past due.

A.) Upon delinquency, all purchases may be automatically placed on C.O.D. status and a finance charge will be paid on late balance.

B.) If the account is placed in the hands of an attorney for collection through suit, probate or bankruptcy proceedings, there will be paid, in addition to all other charges, attorney's fees for such services.

C.) Any unapplied payments and/or credits not taken within one year, will be written off all accounts. **NO CHECKS WILL BE ISSUED.**

Signature of Owner/Officer: _____

Title: _____

Name of Corporation: _____

Date: _____

I/We jointly or personally, absolutely and unconditionally guaranty prompt, primary and immediate payment of sums of credit advances.

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Date

Name of Bank/Creditor

This letter authorizes Hoover Truck Centers to obtain information about our/my account # _____. This information will be used for the purpose of establishing a line of credit our/my company at Hoover Truck Centers.

Thank You,

Signature

Print Name of Individual

Name of Company

State of New Jersey
DIVISION OF TAXATION

SALES TAX
FORM ST-3

PURCHASER'S NEW JERSEY
CERTIFICATE OF AUTHORITY NUMBER

The seller must collect the tax on a sale of taxable property or services unless the purchaser gives him a properly completed New Jersey exemption certificate.

RESALE CERTIFICATE

To be completed by purchaser and given to and retained by seller. See instructions on back.
Seller should read and comply with the instructions given on both sides of an exemption certificate.

TO Hoover Truck Centers Date _____
(Name of Seller)

PO Box 719 Flanders NJ 07836
Address City State Zip

The undersigned certifies that:

- (1) He holds a valid Certificate of Authority (number shown above) to collect State of New Jersey Sales and Use Tax.
- (2) He is principally engaged in the sale of (indicate nature of merchandise or service sold):

- (3) The merchandise or services being herein purchased are described as follows:
- (4) The **merchandise** described in (3) above is being purchased: *(check one or more of the blocks which apply)*
 - (a) For resale in its present form.
 - (b) For resale as converted into or as a component part of a product produced by the undersigned.
 - (c) For use in the performance of a taxable service on personal property, where the property which is the subject of this Certificate becomes part of the property being serviced or is later transferred to the purchaser of the service in conjunction with the performance of the service.
- (5) The services described in (3) above are being purchased: *(check the block which applies)*
 - (a) By a vendor who will either collect the tax or will resell the services.
 - (b) To be performed on personal property held for sale.

I, the undersigned purchaser, have read and complied with the instructions and rules promulgated pursuant to the New Jersey Sales and Use Tax Act with respect to the use of the Resale Certificate, and it is my belief that the seller named herein is not required to collect the sales or use tax on the transaction or transactions covered by this Certificate. The undersigned purchaser hereby swears (under the penalties for perjury and false swearing) that all of the information shown in this Certificate is true.

NAME OF PURCHASER (as registered with the New Jersey Division of Taxation)

(Address of Purchaser)

By

(Signature of owner, partner, officer of corporation, etc.)

(Title)

ST-4 (2-00, R-12)

State of New Jersey
DIVISION OF TAXATION

SALES TAX

FORM ST-4

ELIGIBLE NONREGISTERED
PURCHASER: SEE INSTRUCTIONS **

PURCHASER'S NEW JERSEY
CERTIFICATE OF AUTHORITY NUMBER

EXEMPT USE CERTIFICATE

To be completed by purchaser and given to and retained by seller.
Please read and comply with the instructions given on both sides of this certificate.

TO Hoover Truck Centers _____ Date _____
(Name of Seller)
PO Box 719 _____ Flanders _____ NJ _____
Address City State Zip

The undersigned certifies that there is no requirement to pay the New Jersey Sales and/or Use Tax on the purchase or purchases covered by this Certificate because the tangible personal property or services purchased will be used for an exempt purpose under the Sales & Use Tax Act.

The tangible personal property or services will be used for the following exempt purpose:

The exemption on the sale of the tangible personal property or services to be used for the above described exempt purpose is provided in subsection N.J.S.A. 54:32B- _____ (See reverse side for listing for principal exempt uses of tangible personal property or services and fill in the block with proper subsection citation).

I, the undersigned purchaser, have read and complied with the instructions and rules promulgated pursuant to the New Jersey Sales and Use Tax Act with respect to the use of the Exempt Use Certificate, and it is my belief that the seller named herein is not required to collect the sales or use tax on the transaction or transactions covered by this Certificate. The undersigned purchaser hereby swears under the penalties for perjury and false swearing that all of the information shown in this Certificate is true.

NAME OF PURCHASER _____ (as registered with the New Jersey Division of Taxation)

(Address of Purchaser)

By _____

(Signature of owner, partner, officer of corporation, etc.)

(Title)