

APPLICATION/ UPDATE FOR CREDIT/FINANCING

GENERAL INFORMATION:

PLEASE PRINT OR TYPE

UPDATE EXISTING CUSTOMER NEW

LEGAL BUSINESS NAME "CUSTOMER"

TRADE NAME (IF DIFFERENT)

PHYSICAL ADDRESS CITY STATE ZIP COUNTY

BILLING ADDRESS CITY STATE ZIP COUNTY

BUSINESS NO. MOBILE/PAGER NO. FAX NO.

CONTACT NAME TITLE E-MAIL

DESCRIPTION OF BUSINESS BUSINESS START DATE TIME AS CURRENT OWNER

TYPE OF BUSINESS: PROPRIETORSHIP CORP. GENERAL PARTNERSHIP (ATTACH AGREE.) LIMITED PARTNERSHIP (ATTACH AGREE.)

L.L.C. (ATTACH ARTICLES OF ORGANIZATION & OPERATING AGREEMENT) STATE OF ORGANIZATION: STATE ID NO.:

AFFILIATED COMPANY(IES)

BUSINESS OR ANY PRINCIPAL EVER DECLARED BANKRUPTCY? NO YES IF YES, DATE FILED DUNS NO.

ARE THERE ANY OUTSTANDING LIENS OR JUDGMENTS? YES NO NO. OF EMPLOYEES P.O. REQUIRED? YES NO

FEDERAL ID NUMBER SALES TAX EXEMPT? NO YES IF YES, PLEASE ATTACH COPY OF EXEMPTION CERTIFICATE.

BONDING REFERENCE CONTACT NAME TELEPHONE NO.

INSURANCE REFERENCE CONTACT NAME TELEPHONE NO.

AP CONTACT EMAIL TELEPHONE NO.

FINANCIAL INFORMATION: PERSONAL AND CORPORATE FINANCIAL STATEMENTS MAY BE REQUESTED AND ARE REQUIRED FOR EXPOSURE OVER \$250,000.

Table with columns: BANK/FINANCE CO. REFERENCE (NAME, ACCT. NO., CONTACT/TELEPHONE NO.), CHECKING (PLEASE PROVIDE CURRENT BALANCES.), SAVINGS, LOAN.

Table with columns: TRADE REFERENCES (NAME, CITY & STATE ONLY, TELEPHONE, FAX, EMAIL ADDR, CONTACT NAME)

PERSONAL INFORMATION ON OWNER/PRINCIPALS/GUARANTORS: (MORE SECTIONS CONTINUED ON THE BACK.)

Form with fields: NAME/TITLE, BIRTH DATE, S.S. NO., HOME ADDRESS AND TELEPHONE NO., % OWNERSHIP, NET WORTH \$, ANNUAL INCOME \$, MONTHLY HOUSING PAYMENT \$

SIGNATURE OF OWNER/PRINCIPAL OR AUTHORIZED OFFICER/PARTNER (NOTICE REPEATED ON BACK OF FORM.)

NOTICE: Applicant and each other person signing below warrants that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to HMH Services and/or any party which may provide credit to applicant, whether herein or pursuant to a subsequent application or request, to obtain from banks, credit bureaus and other creditors, all of which are hereby authorized to release, any credit/financial information concerning applicant or such other person (including credit reports under the Fair Credit Reporting Act) as such party may deem appropriate, and to share all such information with the other. Signature(s) below acknowledge payment terms and conditions on reverse side of this form.

Type or Print Name of Signer(s) under each signature.

BY: TITLE: DATE: (Signature lines)

(CONTINUED FROM FRONT.)

HMH SERVICES STANDARD OPEN ACCOUNT PAYMENT TERMS FOR CHARGE APPROVED CUSTOMERS:

PARTS, PROGRAMS AND SERVICE PURCHASES:

- NET INVOICE AMOUNT WILL BE DUE BY THE 30TH DAY FROM THE DATE OF INVOICE.
- UP TO 2% PER MONTH SERVICE CHARGE ON UNPAID BALANCE IF NOT PAID IN FULL BY THE DUE DATE.
- SUSPENSION OF OPEN ACCOUNT PRIVILEGES OCCURS AUTOMATICALLY IF AN ACCOUNT REMAINS UNPAID AT THE END OF THE SECOND MONTH FOLLOWING THE INVOICE DUE DATE OR SOONER, IF THE CREDIT LIMIT IS COMPLETELY USED.

RENTALS AND MACHINE PURCHASES:

- AMOUNT UNPAID BEYOND DUE DATE WILL BE SUBJECT TO A SERVICE CHARGE OF UP TO 2% PER MONTH OR ANY PART THEREOF.

IF ANY INDEBTEDNESS COLLECTION REQUIRES THE ASSISTANCE OF A COLLECTION AGENCY OR ATTORNEY, A REASONABLE COLLECTION FEE OF 25% OF PRINCIPAL AND INTEREST DUE, BUT NOT LESS THAN \$500.00, PLUS COSTS OF COLLECTION, WILL BE THE FINANCIAL RESPONSIBILITY OF THE LEGAL ENTITY OBLIGATED BELOW. A \$30.00 SERVICE CHARGE WILL BE ASSESSED ON EACH RETURNED CHECK.

Disclosure of Right to Request Specific Reasons for Credit Denial Given At Time of Application

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact: HMH Services, 168 Westec Drive, Mount Pleasant, PA 15666, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C. 20580.

Laws Governing – Exclusive Venue – Statute of Limitations – and Severability: This Application for Credit/Financing shall be governed by and construed under the laws of the Commonwealth of Pennsylvania notwithstanding delivery by HMH Services in a state other than Pennsylvania. Any suit by HMH Services may be brought in the United States District Court for the Western District of Pennsylvania at Pittsburgh or the Court of Common Pleas of Allegheny County, Pennsylvania. The Customer hereby knowingly and for due consideration agrees to the jurisdiction of the United States District Court for the Western District of Pennsylvania at Pittsburgh or the Court of Common Pleas of Allegheny County, Pennsylvania and waives all rights to contest the jurisdiction of these Courts of the Commonwealth of Pennsylvania, and Customer expressly waives its right to a jury trial and agrees to trial without a jury. Any suit by Customer for breach of contract, for any alleged tortious conduct or any claim whatsoever brought in law or equity must be filed within one year from the date of the cause of action accrued or be forever barred. Any such suit by Customer must be brought in the United States District Court for the Western District of Pennsylvania at Pittsburgh or the Court of Common Pleas of Allegheny County, Pennsylvania. If any provision of this Application for Credit/Financing shall for any reason be held invalid or unenforceable, such invalidity or unenforceability shall not affect any other provision hereof, but this Application for Credit/Financing shall be construed as if such invalid or unenforceable provision had never been contained herein.

Mailing Address: ***HMH Services***
168 Westec Drive, Mount Pleasant, PA 15666

Complete Agreement: Customer acknowledges that this Application/Update for Credit/Financing represents the complete agreement between Customer and HMH Services regarding credit and payment terms, and that there are no prior or contemporaneous oral or written agreements which modify or alter the credit as payment terms set forth herein.

**IF MORE THAN TWO PARTNERS, COMPLETE THE FOLLOWING PERSONAL INFORMATION:
PERSONAL INFORMATION ON OWNER/PRINCIPALS/GUARANTORS:**

Name/Title _____	Birth Date _____	S.S. No. _____
Home Address and Telephone No. _____	% Ownership _____	
Net Worth \$ _____	Annual Income \$ _____	Monthly Housing Payment \$ _____
Name/Title _____	Birth Date _____	S.S. No. _____
Home Address and Telephone No. _____	% Ownership _____	
Net Worth \$ _____	Annual Income \$ _____	Monthly Housing Payment \$ _____

SIGNATURE OF OWNER/PRINCIPAL OR AUTHORIZED OFFICER/PARTNER

NOTICE: Applicant and each other person signing below warrants that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to HMH Services and/or any party which may provide credit to applicant, whether herein or pursuant to a subsequent application or request, to obtain from banks, credit bureaus and other creditors, all of which are hereby authorized to release, any credit/financial information concerning applicant or such other person (including credit reports under the Fair Credit Reporting Act) as such party may deem appropriate, and to share all such information with the other. **Signature(s) below acknowledge payment terms and conditions on reverse side of this form.**

BY: _____ **TITLE:** _____ **DATE:** _____

BY: _____ **TITLE:** _____ **DATE:** _____

Type or Print Name of Signer(s) under each signature.