

APPLICATION FOR OPEN ACCOUNT

Hawk Frame & Axle, Inc.
77 O'Connor Road
Fairport, NY 14450
(585)377-3000

I (or we) make the following representations and guarantee for the purpose of securing credit for:

CUSTOMER'S TRADE NAME _____ **TEL.** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

Status of applicant (check one): Individual _____ Corp. _____ Partnership _____

FULL NAME OF OWNER, PARTNERS, OR OFFICERS (if Corporation, State titles)
NAME _____ TITLE _____ RES. _____

NAME _____ TITLE _____ RES. _____

NAME _____ TITLE _____ RES. _____

Nature of Business _____

How long in business at this location? _____

TRADE REFERENCES

Name _____ Contact _____

Address _____ Fax # _____

City, State & Zip _____ Phone # _____

Name _____ Contact _____

Address _____ Fax # _____

City, State & Zip _____ Phone # _____

Name _____ Contact _____

Address _____ Fax # _____

City, State & Zip _____ Phone # _____

If exempt from New York State Sales Tax, please complete form on reverse side.

A line of credit is hereby requested. The undersigned agrees to pay for all purchases as billed, on or before the payment date specified in the monthly statements rendered. If payment is not made accordingly, the undersigned agrees to pay a service charge of one and on-half percent (1 1/2%) per month on any unpaid balance thereof; said service charge, and any past-due balance, to be payable on demand. In the event of default, the undersigned agrees to pay attorney fees of thirty percent (30%) of the amount due and payable hereunder when the agreement is referred to an attorney for collection.

Date _____ Signature _____

If a Corporation, must be an officer