



The Gabrielli Group
Confidential Credit Application

COMPANY INFORMATION

COMPANY NAME _____ TAX ID _____

Business Form: () Incorporated () LLC () Partnership () Sole Proprietorship () Other

Company legal address _____

City _____ State _____ Zip _____ Years in Business _____

BILLING ADDRESS _____ Contact person _____

City _____ State _____ Zip _____ Purchase order Required () Yes () No

PHONE _____ FAX _____ EMAIL _____

CREDIT LINE REQUESTED \$ _____ TAX EXEMPT: () YES **If yes, Please attach sales tax exemption () N**

OWNERS' FULL NAME _____ SS# _____

OWNERS'S HOME ADDRESS _____

City _____ State _____ Zip _____

OWNERS' FULL NAME _____ SS# _____

OWNERS'S HOME ADDRESS _____

City _____ State _____ Zip _____

OWNERS' FULL NAME _____ SS# _____

OWNERS'S HOME ADDRESS _____

City _____ State _____ Zip _____

PLEASE FAX APPLICATION TO OUR CREDIT DEPARTMENT @ FAX # (631)-758-6337 ATTN: MARIA

Credit Department Phone # (631)-758-6200

Email: cdaleo@gabriellitruck.com

Locations

Visit our website @ www.gabriellitruck.com

Queens: NY 153-20 S. Conduit Ave, Jamaica NY 11434 Bronx NY: 3333 Conner Street Bronx NY 10475

Long Island NY: 880 South Oyster Bay Rd, Hicksville NY 11801 3200 Horseblock Rd, Medford NY 11763

Connecticut: 401 Old Gate LN Milford CT 06460 277 New Park Avenue, Hartford CT 06106

New Jersey: 2306 US Highway 130 N, Dayton NJ 08810

NEW CUSTOMER: () YES () NO. If no list affiliated names and contact information, and current Gabrielli Customer #

TRADE REFERENCES: Industry Heavy Duty Truck Service and Parts Industry

1. _____ PHONE _____ FAX (required) _____
Name and Address
2. _____ PHONE _____ FAX (required) _____
Name and Address
3. _____ PHONE _____ FAX (required) _____
Name and Address
4. _____ PHONE _____ FAX (required) _____
Name and Address

BANK REFERENCE:

BANK NAME _____ CONTACT PERSON _____
PHONE _____ FAX _____
BRANCH LOCATION _____ PRIMARY CHECKING # _____

Type of Business _____

Mack Trucks in Fleet ___ KW Trucks in Fleet ___ Volvo Trucks in Fleet ___ Other Trucks in Fleet ___ Service Dept () Yes () No

Delivery Location _____ Authorized signer for Deliveries/Pickups _____

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CONDITIONS OF SALE:

I/we acknowledge that the terms offered by "The Gabrielli Group of Companies" are Net 30 days from the date of Invoice. I/we agree to pay interest at the rate of 1 ½% per month (18% per annum) for all invoices past due and all reasonable costs of collection, including attorney's fees, in the event of our failure to pay. In consideration of the receipt of services by said firm, I/we the undersigned do hereby jointly and severally guarantee the payment by said firm. This is your authority to charge 1 ½% per month on all past due amounts. The below signatures also grants "The Gabrielli Group of Companies" the right to check any factors pertinent to a fair evaluation of establishing credit. All credit shall be extended at the sole discretion of "The Gabrielli Group of Companies". "The Gabrielli Group of Companies" may increase, decrease or terminate available credit at any time at its sole discretion.

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____

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"The Gabrielli Group of Companies"

Consists of the following entities

Gabrielli Truck Sales, LTD.

Gabrielli Ford Truck Sales and Service, Inc.

Gabrielli Truck Sales of CT, LLC.

Gabrielli Kenworth of New Jersey, LLC.

Bridge-Haven Ford Truck Sales & Service, Inc.

FOR OFFICE USE ONLY:

REFERENCES CHECKS DONE BY _____ DATE _____

CREDIT APPROVED BY _____ CREDIT LIMIT _____

CREDIT NOT GRANTED _____ NAME _____

REASONS _____

NOTES: _____

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