

Application For Credit

Company Name: _____
 Mailing Address: _____
 Physical Address: _____
 City, State, Zip Code: _____
 Phone: _____ Fax: _____
 Contact Name: _____ Cell: _____
 Email Address: _____

Corporate Office Information

Address: _____
 City, State, Zip Code: _____
 Accounts Payable Contact _____
 Accounts Payable Ph: _____ Email: _____
 Principal Names: _____
 (Owners-Officers): _____
 Date Company Formed: _____ If Sole Proprietorship, Social Security No: _____
 Federal ID No: _____ Tax Exempt Number: _____
 Contractors License No: _____ Expiration Date: _____

Banking Information

Name of Bank: _____
 Address: _____ City, State, Zip Code: _____
 Banking Contact: _____ Phone Number: _____
 Account Number: _____

Trade References (provide either fax or email address)

1) _____ Phone: _____ Fax: _____
 Contact: _____ Email: _____
 2) _____ Phone: _____ Fax: _____
 Contact: _____ Email: _____
 3) _____ Phone: _____ Fax: _____
 Contact: _____ Email: _____
 4) _____ Phone: _____ Fax: _____
 Contact: _____ Email: _____

Amount of Credit Applied For: _____ Purchase Orders Required: Yes No

Insurance Required: If yes please provide Companies requirements below

Yes No

A valid signed tax exemption certificate must be attached if Exemption status is partial or completely claimed.

Mortgage Holder/Landlord Information		
Do you rent or own premises that the business occupies?	Rent <input type="checkbox"/>	Own <input type="checkbox"/> Yrs. at Location: _____
Mortgage Holder/Landlord Information _____	Contact Person: _____	
Address: _____	Phone Number: _____	

(1) Has the company or any officer, partner, member, or owner ever filed bankruptcy? Yes If yes attach detail No

(2) Has your company or any company that any officer, partner, member or owner been associated with as an officer, partner, member, or owner ever had credit with us before? (If yes under what name) _____

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide Creditor with complete information for the purpose of credit evaluation. The applicant understands that all past due balances will be subject to a 1.5% per month (18% annaul rate) finance charge. If not paid within 45 days, Owner/Contractor promises to pay collection costs including attorney's fees and interest at the legal rate from the date of presentation to the date of

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of sale of operated/non-operated crane rental, equipment rental, rigging and transportation services, I also agree and accept that the credit limit and credit terms maybe changed or withdrawn at the sole discretion of the creditor. Creditor shall include creditor susidiaries, related companies and assigns.

Signature: _____ Print Name: _____ Date: _____
Title: _____

ACR Representative: _____ Date: _____

OFFICE USE ONLY

Date: _____ Credit Approved: Yes No Approved By: _____

Approved Credit Limit: _____ Terms: _____ Account Number: _____

Crane Cost & Care: _____ Mailing: Yes No Po Required: Yes No

W-9 Sent: Yes No

Certificate of Insurance: Yes No

Workers Comp: Yes No

Accounting: _____

Sales Project Manager: _____