

Bob's Crane Service

APPLICATION FOR CREDIT

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER (_____) _____ FAX (_____) _____

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL AND WILL BE HELD IN THE STRICTEST CONFIDENCE.

BANK NAME: _____

BANK ADDRESS: _____

ACCOUNT NUMBER: _____ CONTACT: _____

TELEPHONE NUMBER: (_____) _____

BUSINESS REFERENCES

1. NAME & ADDRESS: _____

TELEPHONE #: (_____) _____ CONTACT: _____

FAX NUMBER **(REQUIRED)**: (_____) _____

2. NAME & ADDRESS: _____

TELEPHONE #: (_____) _____ CONTACT: _____

FAX NUMBER **(REQUIRED)**: (_____) _____

3. NAME & ADDRESS: _____

TELEPHONE #: (_____) _____ CONTACT: _____

FAX NUMBER **(REQUIRED)**: (_____) _____

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT AND ACCURATE TO THE BEST OF OUR KNOWLEDGE. I FURTHER ACKNOWLEDGE THE TERMS OF PAYMENT FOR OPEN ACCOUNTS ARE NET 30.

DATE: _____ SIGNED: _____

TITLE: _____