



P.O. Box 308
Escalon, CA 95320

1-888-CRANE-30
Office: 209-838-8815
Fax: 209-838-8816

1-888-CRANE-30
CRANE RIGGING HAULING

www.AmericanCraneRental.net

Application for Credit

Company Name: _____
Address: _____
City, State, Zip Code: _____
Phone #: _____ Fax#: _____
Contact Name: _____
E-Mail address _____

Corporate Office Information

Address _____
City, State, Zip Code _____
Accounts Receivable Name: _____
Accounts Receivable Phone: _____ Fax: _____

Principal Names: _____
(Owners-Officers)

Date Company Formed _____ Fed. I.D. No: _____
If Sole Proprietorship, Social Security No: _____
Contractor's License No: _____ Exp. Date: _____

Banking Data

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

Trade References

- 1. _____ Phone No: _____
Fax #: _____
- 2. _____ Phone No: _____
Fax #: _____
- 3. _____ Phone No: _____
Fax #: _____
- 4. _____ Phone No: _____
Fax #: _____

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Amount of Credit Applied for: _____ **Purchase orders required:** () Yes () No

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

Payment Terms: Our invoices are due and payable upon billing. Any account not paid within 30 days, a finance charge of 1.5% will be applied to the remaining balance, but not to exceed the maximum rate permitted by law, Annual percentage - 18%

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 collection.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Credit Department: () Approved () Declined Credit Limit: _____ Date: _____

Approved / Declined By: _____

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