

CraneWorks, Inc.
Credit Application
Must be completed & signed by a company officer:

Company Name _____

Complete Address _____

Main Phone Number _____ Fax _____

Name of Accts. Payable contact _____ email address: _____

Name of Company Officers

_____ Social Security # _____ - _____ - _____

_____ Social Security # _____ - _____ - _____

Date Business Started _____

Sole proprietorship ____ Partnership ____ Corp. ____ Other _____

Federal Tax ID # _____ DUNS Number _____

Bank Name & Phone Number _____

Bank Officer or Contact _____

Account Number _____

Employees authorized to order equipment

1 _____ 2 _____

3 _____ 4 _____

Do you require purchase orders? Yes ____ No ____ Are purchases tax exempt? Yes ____ No ____
(Attach exemption certificate if applicable)

Trade References (Name & address in full or reference cannot be checked)

1. Company Name _____ Phone _____

Contact _____ Fax _____

2. Company Name _____ Phone _____

Contact _____ Fax _____

3. Company Name _____ Phone _____

Contact _____ Fax _____

4. Company Name _____ Phone _____

Contact _____ Fax _____

Buyer authorizes all persons, institutions, organizations, companies, & credit reporting agencies to furnish any and all pertinent information, including commercial and consumer credit reports, requested by CraneWorks, Inc. The undersigned warrants that the information given in this credit application is true and no unfavorable information has been omitted.

Signature _____ Title _____

Printed Name _____ Date _____