

CREDIT APPLICATION

BILLING/SHIPPING INFORMATION

Official Company Name: _____

Bill to: _____	Ship to: (if different) _____
_____	_____
_____	_____

Main Phone: _____ Main Fax: _____ A/P Fax: _____

BUSINESS INFORMATION

Check One: Corporation Partnership Proprietorship Subsidiary of or Division of _____

Years in Operation: _____ Type of Business: _____

D&B #: _____ *Please provide us with copies of all tax exemption certificates.*

President/CEO: _____

VP/Finance : _____

Treasurer/Controller: _____

A/P Manager: _____

BANK INFORMATION

Bank: _____ Contact Name: _____

Account No. _____ Phone: _____

Complete Address: _____

TRADE REFERENCES

Reference 1 _____

Contact: _____

Phone: _____

Fax: _____

Reference 2 _____

Contact: _____

Phone: _____

Fax: _____

Reference 3 _____

Contact: _____

Phone: _____

<p>Please fax back to: _____ SNF Crane Service LLC Fax: (<u>603</u>) <u>893</u> - 0504</p>
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Prepared by (signature) _____ Title _____ Date _____