

Business Credit Application

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:		Tax I.D. Number	
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:		
Legal Form Under Which Business Operates:			
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:		In Business Since:	
Name of Company Principal Responsible for Business Transactions:		Title:	
Address:	City:	State:	ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:		Title:	
Address:	City:	State:	ZIP: Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card):	_____			
Card Number:	_____			
Expiration Date (mm/yy):	_____			
Cardholder ZIP Code (from credit card billing address):	_____			

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

AGREEMENT

All invoices are to be paid 30 days from the date of invoice. A finance charge of 1.5% per month will be charged for balances 15 days past-due. If your account balance is not paid within 45 days from the date of invoice, you authorize P&G Crane to charge your credit card on file for the past due balance(s). By submitting this application, you authorize P&G Crane to make inquiries into your banking and trade references that you have provided, as well as periodic checks. Email or faxed applications will be considered original. No oral agreements will be accepted. P&G Crane reserves the right to revoke credit, demand payment in full, and/or reduce the credit line amount. If reasonable collection or legal action is deemed necessary by P&G Crane to receive monies owed, the collection or legal fees shall also be charged to, and paid by the above person, business or organization.

Signature below is an acceptance of terms and conditions set forth in this agreement and certification that information on this form is correct.

Title: _____

Printed Name: _____

Signature: _____

Date: _____