

**Customer Credit Application and Information Form**

Please complete, sign and return

**Business and Contact Information**

<b>Business Name</b>		<b>Date</b>	
Billing Address		Physical Address	
City		City	
State		State	
Zip Code		Zip Code	
Main Phone		Tax ID Number	
Fax Number		Business Type	
Primary Contact		Billing Contact	
Primary Cell		Billing Phone	
Primary Email		Billing Email	

**Foreman and Job Information**

Foreman Name		Phone Number	
Job Name		Job Location	
Foreman Name		Phone Number	
Job Name		Job Location	

**Miscellaneous Information**

Do you require the following?

Form W-9	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you prefer invoices: Emailed <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed <input type="checkbox"/>
Liability Insurance Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	List additional requirements below:
Workers Compensation Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	
State Contractor License	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Purchase Orders	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Person/s Authorized to Make Purchases:

Contact Name		Phone Number	
Contact Name		Phone Number	

**Open Account Credit References**  
 (Complete Mailing Information Required)

Company Name		Mailing Address	
Phone Number		City	
Fax Number		State, Zip	
Company Name		Mailing Address	
Phone Number		City	
Fax Number		State, Zip	

**Banking Information**

Bank Name		Mailing Address	
Phone Number		City	
Fax Number		State, Zip	
Contact Name		Contact Number	

The information is true and correct to the best of my knowledge and is provided for my/our being granted business credit. I/we give permission to the above listed reference to release any and all requested information to Montana Crane Service. I/we agree to pay my/our balance on receipt of the statement. Payment terms are Net 30. Amounts not paid when due will be subject to a service charge of 1% per month until paid in full. I/we also agree that if my/our account is place for collection, I/we promise to pay all costs of collection.

Signature \_\_\_\_\_ Date \_\_\_\_\_