



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: _____

Please fax back to:

American Crane Co.

Fax: 603-622-8577

Prepared by (signature) _____ Title _____ Date _____

Please allow 24 hours for the processing of your application. Thank you for doing business with American Crane Co.