

Credit Application

Lift-All Crane Service, Inc.

3309 Birchwood Dr
Bellevue, Ne 68123
Tel. (402) 291-0202
Fax (402) 281.4927
mary@liftallcrane.com

BUSINESS NAME

Full Name: _____ Phone: _____
Street Address: _____ P.O. Box: _____
City, State, Zip: _____
Individual ___ Sole Partnership ___ Partnership ___ Corporation ___ How long in business?: _____

OWNERS, PRINCIPALS, AND/OR OFFICERS

1. Full Name: _____ Title: _____
Address: _____
City, State, zip: _____
2. Full Name: _____ Title: _____
Address: _____
City, State, Zip: _____

CURRENT BANK REFERENCE

Bank Name: _____ Phone: _____
Contact at Bank: _____ Fax: _____

TRADE SUPPLIERS/ CREDITORS (please provide full address, phone and fax numbers, and account numbers.) *Thank you.*

1. Name: _____ Account Number: _____
Contact: _____ Phone: _____ Fax: _____
Address: _____ City, State, Zip: _____
2. Name: _____ Account Number: _____
Contact: _____ Phone: _____ Fax: _____
Address: _____ City, State, Zip: _____
3. Name: _____ Account Number: _____
Contact: _____ Phone: _____ Fax: _____
Address: _____ City, State, Zip: _____

The undersigned hereby certifies that the information contained in this application is true and correct. In addition to the foregoing, the undersigned expressly agrees that in the event any action or proceedings shall be brought for the recovery of amounts due for services obtained from Lift-All Crane Service or its' assigns, to pay all cost of collection including, but not limited to, attorney or collection agent fees. The undersigned further agrees to pay a \$25.00 charge for each returned check. The undersigned gives the information for the purpose of obtaining credit and authorizes Lift-All Crane Service to obtain additional information concerning their credit standing and to furnish same to others.

Signature of owner or officer _____ Date: _____ Federal ID No. _____
Signed _____ Title: _____