

**Billing/Shipping Information**

Legal Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Year Business Opened: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Federal I.D. or S.S. #: \_\_\_\_\_ Principal's Name: \_\_\_\_\_

Is a P.O. Required? ☐ No ☐ YesAre you tax exempt? ☐ No ☐ Yes (Please Attach Certificate)Legal Entity: ☐ Corporation ☐ Partnership ☐ Ind. Prop. ☐ Other: \_\_\_\_\_

Accounts Payable Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Accounts Payable Name: Phone #: \_\_\_\_\_

**Bank Information**

Bank: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date Account Opened: \_\_\_\_\_

**Proprietors, Partners, or Officers - (All must be included, use additional sheets if necessary)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Trade/Credit References**

Reference 1: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email/Fax #: \_\_\_\_\_

Reference 2: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email/Fax #: \_\_\_\_\_

Reference 3: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email/Fax #: \_\_\_\_\_

**Credit Terms/Agreement**

The information and statements in this application are true and complete, and they are made for the purpose of inducing 3D Crane Service, to establish an open account line of credit.

**TERMS**

I/We agree to pay outstanding invoices within the terms of NET 30 days. I/We agree that if payment of said account is not made on or before the due date(s), and the account is placed in the hands of an attorney for collection, or suit is brought on the same, or the account is collected through probate or bankruptcy proceedings, an additional and reasonable amount shall be added to the account to cover court costs and attorney's fees.

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

Printed Name: \_\_\_\_\_