



APPLICATION FOR CREDIT

D&B NUMBER _____ DATE _____

PLEASE GIVE COMPLETE ANSWERS TO ALL QUESTIONS (PLEASE PRINT) FAX NO. () _____

LEGAL NAME OF BUSINESS: _____ TELEPHONE () _____

BUSINESS ADDRESS _____

TYPE OF BUSINESS _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION YEARS IN BUSINESS _____

FEDERAL TAX ID NO _____ STATE INCORPORATED _____ YEAR INCORPORATED _____

BILLING ADDRESS _____

AFFILIATED COMPANIES _____

LIST OF NAMES OF PRICIPLES AND / OR OFFICERS

NAME _____ TITLE _____ S/S NO _____

NAME _____ TITLE _____ S/S NO _____

NAME _____ TITLE _____ S/S NO _____

NAME _____ TITLE _____ S/S NO _____

PAYABLES SUPERVISOR _____ TELEPHONE () _____

NAMES AUTHORIZED ON ACCOUNT 1) _____ 2) _____ 3) _____

AMOUNT OF CREDIT APPLIED FOR: \$ _____ PURCHASE ORDER REQUIRED: YES NO

TAX EXEMPTION INFORMATION OUR PURCHASE WILL BE _____ COMPLETELY TAX EXEMPT _____ PARTIALLY TAX EXEMPT _____ TAXABLE

A VALID SIGNED TAX EXEMPTION CERTIFICATE MUST BE ATTACHED IF EXEMPTION STATUS IS (PARTIAL OR COMPLETELY) CLAIMED

TRADE REFERENCES:

1) NAME: _____ ADDRESS: _____ PHONE: () _____

2) NAME: _____ ADDRESS: _____ PHONE: () _____

3) NAME: _____ ADDRESS: _____ PHONE: () _____

4) NAME: _____ ADDRESS: _____ PHONE: () _____

5) NAME: _____ ADDRESS: _____ PHONE: () _____

EQUIPMENT RENTAL ACCOUNT:

BANK REFERENCES:

1) NAME ADDRESS PHONE ()
PERSON TO CONTACT ACCT NO.

2) NAME ADDRESS PHONE ()
PERSON TO CONTACT ACCT NO.

FINANCING INSTITUTIONS:

1) NAME ADDRESS PHONE ()
PERSON TO CONTACT ACCT NO.

2) NAME ADDRESS PHONE ()
PERSON TO CONTACT ACCT NO.

JOBS IN PROGRESS

1	2
PRIME CONTRACTOR	PRIME CONTRACTOR
JOB NUMBER	JOB NUMBER
LOCATION	LOCATION
BONDED	BONDED
BY WHOM:	BY WHOM:

ARE YOU A PRIME CONTRACTOR YES OR NO BONDING CAPACITY _____

DO YOU SUBCONTRACT YOUR WORK FROM OTHER PRIME CONTRACTORS _____

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY INVOICES OF MAXIM CRANE WORKS , ANY AFFILIATES AND / OR ASSIGNEES, IN ACCORDANCE WITH THE FOLLOWING TERMS: NET 30 DAYS, BALANCE SUBJECT TO 1 1/2 % INTEREST CHARGE PER MONTH

FIRM NAME _____
BY _____ TITLE: _____
Individually And As An Officer of the Company

CREDIT DEPARTMENT USE ONLY

CREDIT REQUIRED	_____	ACCT. NO	_____	EST. LENGTH	_____
APPROVED LIMIT	_____	COD	_____	SALES POTENTIAL	_____
D & B RATING	_____	DATE	_____		
HIGH CREDIT	_____	DAYS WHEN DUE	_____		