



Credit Application

(Must be completed and reviewed before account established)

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 Yes Are you tax exempt? No Yes (Please Attach Certificate)

Legal Entity: Corporation Partnership Ind. Prop. Other: _____

Accounts Payable Name: _____ Phone #: _____

If you prefer to receive invoices electronically, please provide e-mail: _____

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 Davis Motor Crane Service, Inc. 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.

AGREEMENT

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Signature: _____ Date: _____

Printed Name: _____

