

# CREDIT APPLICATION FOR A BUSINESS ACCOUNT

CUSTOM SERVICE CRANE, INC.  
P.O. Box 267  
Fisher, IL. 61843  
P: 217-897-1700 | F: 217-897-1754

## \*REQUIRED DATA

SEND INQUIRIES TO: [BRIAN.K@CUSTOMSERVICECRANE.COM](mailto:BRIAN.K@CUSTOMSERVICECRANE.COM)

BUSINESS CONTACT INFORMATION (REQUIRED)			
Title*		Date business commenced*	
Company name*		<input type="checkbox"/> Sole prop <input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership <input type="checkbox"/> Other
Registered company address*		Phone*	
		Fax*	
Federal ID # or Tax ID #		E-mail*	
BUSINESS AND CREDIT INFORMATION (REQUIRED)			
City, State ZIP Code*		Annual Sales Dollars                      *	\$
How long at current address?*		Primary business address*	
		City, State ZIP Code*	
Phone*		Fax Number*	
Cost of Goods Sold % or \$                      *	\$	Bank Name*	
Overhead % or \$                      *	\$	Phone*	
*List of Owners: Name	Address	City and State	Phone Contact
AGREEMENT			

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize CSC to make inquiries into the banking and business, and your credit history.
4. By signing this agreement you acknowledge that not paying for the services rendered is fraud and punishable by Illinois law.
5. By signing this agreement, you are personally guaranteeing that all amounts owed to CSC will be paid in full.

SIGNATURES (REQUIRED)			
Signature		Signature	
Name and Title		Name and Title	
Date		Date	



Trade/Supplier References

1.

Company Name:

Address

City, State, Zip Code

Phone

Fax

2.

Company Name:

Address

City, State, Zip Code

Phone

Fax

3.

Company Name:

Address

City, State, Zip Code

Phone

Fax

Card Type & Number	CVV Code	Name on Card	Billing Zip Code on Card	Expiration

By signing below, I (we) hereby agree to pay all invoices within 30 days of the invoice date. If any sums are not paid by the due date, I (we) agree to pay the invoice amount plus interest and any applicable charges and fees, including a 4% Credit Card use fee. Interest will be charged on outstanding balance due from the invoice date at a rate equal to 1 ½% per calendar month. I (we) will also be responsible for repayment of all applicable attorney fees, collection fees, costs, or expenses associated with attempts to receive payment on outstanding invoices. I (we) hereby authorize the above credit card information to be used in the event of default from payment obligations as specified on any of the service order/ bare rental agreement terms and conditions. If credit card is expired, customer must provide new credit card information immediately.

Signature

Date

Title

Company Name