

Snell Crane Service, Inc.
Credit Application



Fax to 1-360-866-0141

Business Contact Information

Title: _____
Company Name: _____
Email _____ Phone: _____ Fax: _____ Tax I.D.# _____
Registered Company Address: _____
City: _____ State: _____ ZIP Code: _____
Date business Commenced: _____
Sole Proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____

Business & Credit Information

Primary Business Address: _____
City: _____ State: _____ Zip Code: _____
How long at current address? _____
Telephone: _____ Fax: _____ E-mail: _____
Bank Name: _____
Bank Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Type of Account: _____ Account Number: _____
Savings: _____
Checking: _____
Other: _____

Business/Trade References

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-mail: _____
Type of Account: _____

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-mail: _____
Type of Account: _____

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ E-mail: _____
Type of Account: _____

Agreement

Initials

- _____ 1. Accounts are due and payable 15 days after services are rendered.
_____ 2. By Submitting this application, you authorized **SNELL CRANE SERVICE INC.**,
to make inquiries into banking and business/trade references that you have supplied.
_____ 3. Our operators make every effort to place the equipment when and where the customer
designates. The customer will provide good access to and from an acceptable working
site. Our company assumes no responsibility for damage inside the curb line or
property line. Our company will not be liable for damage or losses sustained by the
customer due to mechanical failure or equipment breakdown.

Date: _____ Signatures: _____