



**BUSINESS CONTACT INFORMATION**

Name			Ph	Title
Company			Tax ID	
Telephone	Ext	Fax	E-mail	
Registered Address				
City			State	Zip
Date Commenced / /	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation		
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other _____		

**BUSINESS & CREDIT INFORMATION**

Primary Business Address			How Long at Current Address?	
City			State	Zip
Telephone	Ext	Fax	E-mail	
Bank Name			Telephone	
Bank Address			City	State Zip
Type of Account	<input type="checkbox"/> Savings#	<input type="checkbox"/> Checking#	<input type="checkbox"/> Other _____	

**BUSINESS / TRADE REFERENCES**

1. Company Name			Type of Account	
Address			City	State Zip
Telephone	Fax	E-mail		
2. Company Name			Type of Account	
Address			City	State Zip
Telephone	Fax	E-mail		
3. Company Name			Type of Account	
Address			City	State Zip
Telephone	Fax	E-mail		

**INITIALS**

**AGREEMENT**

- \_\_\_\_ 1. Accounts are due and payable 15 days after services are rendered
- \_\_\_\_ 2. By submitting this application, you authorize **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. Our company will not be liable for damage or losses sustained by the customer due to mechanical failure or equipment breakdown.

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_