

Customer Credit Application and Information Form

Please complete, sign and return this form to Montana Crane Service, 209 East Cedar Street, Bozeman, Montana 59715 or FAX to: 406-586-3836.

Business and Contact Information

Business Name		Date	
Billing Address		Physical Address	
City		City	
State		State	
Zip Code		Zip Code	
Main Phone		Tax ID Number	
Fax Number		Business Type	
Primary Contact		Billing Contact	
Primary Cell		Billing Phone	
Primary Email		Billing Email	

Foreman and Job Information

Foreman Name		Phone Number	
Job Name		Job Location	
Foreman Name		Phone Number	
Job Name		Job Location	

Miscellaneous Information

Do you require the following?

Liability Insurance Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Workers Compensation Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>
State Contractor License	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Purchase Orders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Separate Job Accounts or One for all Jobs?	Separate Account <input type="checkbox"/>	Single Account <input type="checkbox"/>

Person/s Authorized to Make Purchases:

Contact Name		Phone Number	
Contact Name		Phone Number	

**Open Account Credit References
 (Complete Mailing Information Required)**

Company Name		Mailing Address	
Phone Number		City	
Fax Number		State, Zip	
Company Name		Mailing Address	
Phone Number		City	
Fax Number		State, Zip	

Banking Information

Bank Name		Mailing Address	
Phone Number		City	
Fax Number		State, Zip	
Contact Name		Contact Number	

The information is true and correct to the best of my knowledge and is provided for my/our being granted business credit. I/we give permission to the above listed reference to release any and all requested information to Montana Crane Service. I/we agree to pay my/our balance on receipt of the statement. Amounts not paid when due will be subject to a service charge of 1% per month until paid in full. I/we also agree that if my/our account is place for collection, I/we promise to pay all costs of collection.

Signature _____ Date _____