



PO Box 988( ' ' )  
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 Office 253-630-6244 | Fax 253-630-2646

CREDIT APPLICATION & Company Information Request form

Date \_\_\_\_\_

Company Name: \_\_\_\_\_ In Business Since: \_\_\_\_\_ Type: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ A/P Contact: \_\_\_\_\_

BILLING ADDRESS: (If different than above)

Contractor Reg # \_\_\_\_\_ State \_\_\_\_\_ UBI # \_\_\_\_\_ Fed ID# \_\_\_\_\_

Purchase Order Required? YES NO Email: \_\_\_\_\_

**BANKING INFORMATION**

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_ contact: \_\_\_\_\_

**TRADE REFERANCES:** Please provide at least two companies which you have been doing business with for at least 1 year.

1. Company name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
2. Company name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
3. Company name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**OFFICER/PARTNER/OWNER INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SSN #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS**

1. Terms upon approval – Net 30 days from date of invoice.
2. All Past due invoices are subject to a finance charge of 1.5% per month or the maximum rate allowed by law. No additional credit will be extended to accounts 30 days past due. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including attorney fees. In the event of any dispute, claims will be brought in King County, WA.
4. All charges for services performed shall be paid in accordance with our general terms and conditions as set forth herein and are not contingent on the collection of any debt to you or your company.
5. Based on the services we provide Washington State (RCW 8204.050(4) requires us to collect sales tax on all equipment rentals with an operator unless they fall under specific exemptions. No resale certificate will be accepted in lieu of paying the sales tax portion of your invoice.

Signing this agreement certifies your acceptance of the terms and conditions as stated and the information is true and correct. The undersigned authorizes Magnum Crane Services, LLC to make such inquires as may be deemed necessary to investigate the references and sources pertaining to the establishment of credit and financial responsibility of the applicant.

I have read and agree to the terms and conditions as stated above.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**PERSONAL GUARANTEE:** As an officer of said business, I personally guarantee payment for all items purchased on credit by the Corporation.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_