

**Tri-State Crane & Rigging Service LLC  
CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**Business Contact Information**

Title:			
Company Name:			
Phone:	Fax:	E-mail:	
Registered Company Address:			
City	State	ZIP Code	
Date Business commenced:			
Sole Proprietorship	Partnership	Corporation	Other

**Business and Credit information**

Primary Business Address:			
City:	State	ZIP Code	
How long at current address?			
Phone:	Fax:	Email:	
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:	Email:	
Type of account:			
Company Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Email:	
Type of account:			
Company Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Email:	
Type of account:			

**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 Tri-State Crane & Rigging Service LLC to make inquiries into the banking and business/trade references that you have supplied.

**Signatures**

Title:	Title:
Date:	Date: