



CREDIT APPLICATION FOR PAYMENT TERMS

CLIENT INFORMATION

Full Legal Name of Company:

Billing Address:

City: _____ State: _____ ZIP Code: _____

Fed. Tax ID# _____ Telephone: _____

Contact name:

Check one: Corporation Partnership Sole Proprietor

Year business began: _____ Type of business: _____

BUSINESS OFFICER(S) INFORMATION

Officer Name: _____ Title: _____

E-mail: _____ Phone # _____

Officer Name: _____ Title: _____

Email: _____ Phone # _____

CREDIT REFERENCES

Company Name:

Address:

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Fax: _____

Email:

Company Name:

Address:

City: _____ State: _____ ZIP Code: _____

Telephone: _____ Fax: _____

BANK REFERENCE

Bank Name: _____ Phone # _____

Year Account Opened: _____ Checking Acct. # _____

Bank Contact:

In order to complete your application for credit with American Lift & Equipment, Inc., we request that you read and agree to our terms for payment. Our terms are net 20 days. Invoices not paid in full within twenty (20) days may result in your account being placed on credit hold and/or status changed to cod, and may be reported as late to credit reporting agencies. Past due accounts are subject to a 1.5% per month or 18% per annum charge.

I, the undersigned hereby authorize the release of credit information, and request that all loan, credit, bank, trade or other history be given to American Lift & Equipment, Inc. and its assignees. I have read and agree to the terms for payment.

Signature of applicant: _____ Date: _____

Printed name: _____

Signature of co-applicant: _____ Date: _____

Printed name: _____