



1136 NE 44th Ave.
Des Moines, IA 50313-2917
sales@championcrane.com
www.championcrane.com
National: 800-676-5438
Phone: 515-266-1234
Fax: 515-266-1946

Application for Credit

COMPANY NAME

Full Legal Name: _____
Billing Address: _____
City, State & Zip: _____ Phone: (____) _____ - _____
Fax: (____) _____ - _____ Person to contact regarding this application: _____

TYPE OF COMPANY

Corporation _____ Partnership _____ Sole Proprietorship _____
Owner's Name: _____
Home Address: _____
City, State & Zip: _____
Home Phone: _____ EIN or SS #: _____
Officers: (1) _____ (2) _____
Years in Business: _____ Have you ever filed bankruptcy? _____
Do you require a purchase order number? _____ Do you require a job number? _____

BANK REFERENCE

Bank Name: _____ Phone: _____
Bank Address: _____
City, State & Zip: _____
Type of Account: _____ Account #: _____

CREDIT REFERENCES

Name of Company: _____ Phone: _____
Address: _____
City, State & Zip: _____ Fax: _____

Name of Company: _____ Phone: _____
Address: _____
City, State & Zip: _____ Fax: _____

Name of Company: _____ Phone: _____
Address: _____
City, State & Zip: _____ Fax: _____

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Credit Agreement

In consideration of the privilege offered by this company, hereinafter known as “Creditor” to Purchaser making credit purchases of equipment or services, the Purchaser and Creditor agree to the following terms:

1. Creditor will mail an invoice showing the amount due on all credit purchases. Purchaser shall pay the full amount due on or before the due date.
2. The terms for each invoice shall be stated on the invoice. The due date shall be no later than 30 days after billing date shown on the invoice. No statement will be sent unless requested by the Purchaser.
3. An interest rate of 1 1/2% per month (an annual percentage rate of 18%) shall be applied to all past due invoices from the date of billing.
4. Any account that becomes delinquent may result in a suspension of credit privileges until such account is brought current.
5. This agreement may be terminated for any reason, at any time by either party giving written notice to the other. Any outstanding balance shall be due immediately upon such termination.
6. If it becomes necessary to take legal action for the collection of this account, Purchaser hereby agrees to pay all attorney fees, court costs, lien fees and expenses incurred in collection of this account.

I have read and fully understand the above, as well as all terms, late charges and legal conditions contained herein. (Only authorized persons may sign.)

Purchaser (Company Name)

Date

Authorized to sign for above

Title

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Release of Credit Information

_____ (Name of Purchaser) has applied for credit with this company and hereby authorizes your firm to disclose the following information pertaining to its credit history with your firm. Please answer as many of the following questions as possible regarding this customer.

Release authorized by: _____ Date: _____

Purchaser: Please enter your firm's name, sign and date this release authorizing your references to release credit information to the creditor.

DO NOT WRITE BELOW THIS LINE. FOR CREDIT REFERENCE USE ONLY.

Credit Reference: Please complete this section pertaining to purchaser's credit history with your firm.

How long has your company done business with this customer? _____

What credit terms do you extend to this customer? _____

Does this customer pay in accordance with those terms? _____

What is your credit limit with this customer? _____

What has been your maximum account receivable balance from this customer in the last twelve months? _____

What is your current account receivable balance from this customer? _____

Is this customer in arrears on any part of this current balance? _____

Please give your overall impression of this customer and/or any additional information you feel would assist us in this determination. Use additional pages if necessary.

Your firm's name: _____ Date: _____

Person completing this form: _____ Title: _____

Please return this form as soon as possible, via fax to (515) 266-1946. Thank You.

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Credit Card Authorization

Company Name

Name on credit card

Card type: (Master Card or Visa)

Card Number (write in last four digits – Call CCSI office with complete number)

Card expiration date

Authorized signature

Date

The above hereby authorizes Champion Crane Service, Inc, (Champion Crane), to charge debts owed Champion Crane by the above, or by the customer for which the above is an authorized representative of, and is authorized to provide this information to Champion Crane, either as primary form of payment or as back up for direct billing.

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