



# JENSON CRANE SERVICE

## Credit Application Form

Business Information:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (If different than mailing address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Accounts Payable Fax: \_\_\_\_\_

Name of Owner/Officers: \_\_\_\_\_

Vendor References - Do not use landlords, utilities, banks, credit cards, or any type of loan/lease payment

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account Number: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account Number: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account Number: \_\_\_\_\_

Terms and Conditions: Invoices are due/payable net 20 days from the date of of invoice. Should payment not be made according to the Terms and Conditions set forth in this Agreement, I/we agree to pay interest at the rate of eighteen (18%) per annum on the delinquent balance from the initial date of service/sale until the default is satisfied. I/we agree to pay a collection fee. I/we agree to pay all cost from court actions including, but not limited to attorneys fees, process server fees and court filling fees as a result of default. I/we further agree to pay a \$50.00 return check fee if my/our check is returned.

Authorized Signature: (Partner, Proprietor, or Corporate Office)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_