

**ALLSTATE CRANE RENTAL, INC.**  
 117 Medway Road  
 Goose Creek, SC 29445  
 Ph: 843-572-1697    Fx: 843-572-1422  
 E-mail: pmack@rentalstatecrane.com

**CREDIT APPLICATION**

Company Name: \_\_\_\_\_ A/P Contact: \_\_\_\_\_

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

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

Billing Address (if different): \_\_\_\_\_

Website: \_\_\_\_\_ E-mail: \_\_\_\_\_

Corporation  Partnership  Other  No. of Years in Business: \_\_\_\_\_

**Corporate Officers, Partnerships or Owners**

Title	Name	Home Address	Telephone

If Corporation, Incorporated in State of: \_\_\_\_\_

Sales Tax Exemption Number: \_\_\_\_\_

**BANK REFERENCE**

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Checking  Savings

**TRADE REFERENCES (Must have (3) Trade names & fax numbers)**

Name	Address	Phone #	Fax # ( <b>REQUIRED</b> )

In submitting this information, I authorize you to investigate our credit rating.

\_\_\_\_\_  
Signature of Owner/President