

ALLSTATE CRANE RENTAL, INC.

117 Medway Road

Goose Creek, SC 29445

Ph: 843-572-1697 Fax: 843-572-1422

E-mail: [mlinton@rentallstatecrane.com](mailto:mlinton@rentallstatecrane.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><u>REQUIRED</u></b> )

**In submitting this information, I authorize you to investigate our credit rating. All credit applications need to be received 3 business days prior to project or the project will be COD pending account approval.**

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