

Crocker Crane, L.P.

Metro 972/445-1919 Fax 972/438-7213
2221 East Union Bower Road
Irving, Texas 75061

Attn: Sheri
Fax: (972) 438-7213

CREDIT APPLICATION

BILLING/SHIPPING INFORMATION

Official Company Name: _____ Contact Person _____
Address: _____
City: _____ State: _____ County: _____ Zip: _____
Type of Business: _____ Year Business Opened: _____
Phone: _____ Fax: _____ Email: _____
Federal I.D. or S.S.#: _____ Principal's Name: _____
Is a P.O. required? No Yes Are you tax exempt? No Yes (Please attach certificate)

BANK INFORMATION

Bank: _____ Account Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Date Account Opened: _____

TRADE REFERENCES

Reference 1: _____ Contact: _____
Phone No.: _____ Fax No.: _____

Reference 2: _____ Contact: _____
Phone No.: _____ Fax No.: _____

Reference 3: _____ Contact: _____
Phone No.: _____ Fax No.: _____

The undersigned hereby agrees that, should a credit account be opened, and in the event of default in payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection, including court costs.

The undersigned individual, who is either a principal of the credit applicant, or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumers credit report on the undersigned by the above named business credit grantor, from time to time as may be needed in the credit evaluation process.

Company: _____ Date: _____

Signature: _____ Title: _____