



CROMER MATERIAL HANDLING / GRAY LIFT

**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

BUSINESS CONTRACT INFORMATION			
Company Name		Federal TIN #	
DBA (if any)		Social Security #	
Phone	Fax	Email	
Company Street Address			PO Required? Yes No
City		State	ZIP Code
Date Business Commenced		Type of Business	
Type of Company: Sole Proprietorship Partnership Corporation Other			
BUSINESS AND CREDIT INFORMATION			
Bill to Address (if different from above)			
City		State	ZIP Code
How long at current address?			
Phone	Fax	AP Email	
Bank Name		Phone	
Bank Street Address			
City		State	ZIP Code
Type of Account	Savings	Account Number	
	Checking	Account Number	
	Other	Account Number	
BUSINESS / TRADE REFERENCES			
Company Name		Account Type	
Street Address			
City		State	ZIP Code
Phone	Fax	Email	
Company Name		Account Type	
Street Address			
City		State	ZIP Code
Phone	Fax	Email	
Company Name		Account Type	
Street Address			
City		State	ZIP Code
Phone	Fax	Email	

**AGREEMENT**

1. All invoices are to be paid 10 days from the date of the invoice.
2. Claims arising from invoices must be made within 7 working days.
3. By submitting this application, you authorize CROMER MATERIAL HANDLING / GRAY LIFT to make inquiries into the banking and business/trade references that you have supplied.

AUTHORIZED SIGNATURE(S)			
Signature _____		Signature _____	
Name _____		Name _____	
Title _____	Date _____	Title _____	Date _____

Please complete, print, sign and scan to [credit@cromer.com](mailto:credit@cromer.com)