

CLARK RIGGING and RENTAL CORPORATION CREDIT APPLICATION

(must fully complete)

Company name: _____
Contractor's Lic#: _____ Yr. Issued: _____
Street Address: _____
P.O. Box _____
City: _____ State: _____ Zip Code: _____
Contact Name: _____ Phone: _____ Fax: _____
_____ Main Office _____ Branch Office _____ Own _____ Lease
AVG# Employees _____
Business Type:
_____ Sole Proprietor _____ Partnership _____ Corporation

List other principals in partnership or corporate officers:
(List SS# for sole proprietor or partnership only)

Name	Title	SS#
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If Applicable: Visa/MC#: _____ Exp: _____

How long in business? _____ Yrs. If less than 2 years must list prior:

Parent Company (Name/Address): _____

Bank References

Bank: _____ City/Branch: _____
Phone: _____
Checking Account #: _____ Loan Account #: _____

TRADE REFERENCES:	NAME	CITY/STATE	PHONE #	FAX#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

D. Are Purchase Orders Required for Rental? _____ YES _____ NO
E. Tax Status: _____ Exempt _____ Not Exempt (If exempt, MUST attach certificate)
F. Do you have physical damage coverage for rental equipment _____ YES _____ NO
(If yes must attach insurance certificate indicating sufficient physical damage coverage or loss damage waiver will be charged)

G. Do you have liability insurance coverage? _____ YES _____ NO

(A certificate of insurance must be attached to verify sufficient coverage)

H. Bonding Company (Name/Address):_____

I. Equipment Needed? _____

When? _____

How Long? _____ Approximate Amount? _____

For the purpose of establishing a credit with Clark Rigging I herewith authorize the above named Bank and trade references to furnish the requested Account/credit information.

Signature:_____ Date:_____

Title:_____

For a credit Limit of \$10,000 or more, we must insist on a financial statement.

Account Agreement and Terms

The undersigned hereby applies to Clark Rigging & Rental Corp. (CRR) for credit. It is understood and agreed that the undersigned specifically consents to CRR investigating the undersigned's credit history for the purpose of extending credit. If credit is extended, the undersigned acknowledges that CRR's credit terms are payment in full net ten (10) days from the date of invoice. In the event the undersigned fails to timely pay any invoice, the undersigned agrees to pay a late fee to CRR on such delinquent invoice until same is fully paid, at the maximum rate allowed by the laws of jurisdiction where the originating CRR branch started on the invoice is located.

Name (Please print):_____

Title:_____

Signature:_____ Date:_____

Please fax or mail your completed Credit Application and any attachments to:

Clark Rigging and Rental Corporation

Attn: Credit Department

500 Ohio St.

Lockport, NY 14094

Fax: 716-433-4629

For Office Use Only:

Approved:_____ Declined:_____

Reason:_____

Customer #:_____ Branch:_____

Credit Limit:_____ Salesman:_____

D&B#:_____

D&B Rating:_____ S.I.C:_____

Regional Credit Manager_____ Date_____