

# Crane Repair Service

A Division of: Lance Gyldenege Const. Co.  
Address: 1002 Valley Ave NW Puyallup, WA 98371

www.lancecrane.com

Crane Field Service Contractor  
We Build it Right!

Phone: (253) 848-9473 / Fax: (253) 848-1790

## APPLICATION WILL NOT BE ACCEPTED WITHOUT THE SIGNATURE OF AN AUTHORIZED COMPANY REPRESENTATIVE.

Legal Business Name: \_\_\_\_\_

Trade Name or DBA: \_\_\_\_\_

Business address (street) \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

A/P contact name \_\_\_\_\_ A/P contact email \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_ Contractor's License # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Description of Business: \_\_\_\_\_ In business since: \_\_\_\_\_

Bank name: \_\_\_\_\_ Branch & phone #: \_\_\_\_\_

Bank Account: \_\_\_\_\_ Name of Officer \_\_\_\_\_

Do you require purchase orders?  Yes  No

Are you tax exempt?  Yes  No (If yes, please attach tax exemption certificate)

\*We are required to charge applicable sales tax if current tax exemption certificate is not on file.

### BUSINESS ENTITY:

PARTNERSHIP OR  SOLE PROPRIETOR Please complete the following:

Name	Social Sec #	Home Address	Spouse's Name

CORPORATION Date of Incorporation: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Please complete the following:

	Name	Home Address	Social Sec #
President			
Vice-Pres			
Secretary			
Treasurer			

SUPPLIER REFERENCES (may be attached on a separate sheet)

Business Name & Address	Contact	Phone/Fax

### Standard Terms and Conditions of Credit Account

In consideration of Lance Gyldenege Construction/Crane Repair Service (CRS) extending credit to Applicant, Applicant agrees to pay for all items delivered to and services performed by request of the Applicant **within fifteen days (Net 15) of the date of the invoice.** All accounts are due and payable at the remittance address shown on CRS invoice. Applicant acknowledges that a finance charge will be assessed at the rate of 1.5% per month (18% per year) on balances which have not been paid within 30 days of the date of invoice and Applicant agrees to pay all assessed finance charges.

**Applicant's vendor payment terms do not supersede CRS invoice terms of Net 15 days unless agreed to in writing and signed by an officer of CRS.**

In the event that CRS commences litigation, contracts a collection agency, or employs attorneys in order to secure payment of any amounts due from Applicant, the Applicant agrees to pay a reasonable collection or attorney fees, in addition to all other sums due. The undersigned is authorized to sign this application for credit and warrants that this agreement has been carefully read and that Applicant understands the same. CRS reserves the right to change the terms of or revoke credit account of Applicant if Applicant's payment history becomes no longer acceptable under our credit terms.

By signing below, I acknowledge that I am an officer or authorized representative of Applicant company and have authority to request and/or enter into a credit agreement with CRS. I also acknowledge that I have read, understand and agree to the credit terms written herein on behalf of Applicant company.

Date: \_\_\_\_\_ Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_