



Credit Application

Company Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone _____ Fax _____ Credit Limit Desired _____

Years in Business _____ Corporation Partnership Sole Proprietor Government Non-Profit

Parent Company Name (If different than above) _____

Address _____ City _____ State _____ Zip _____

Bank Reference

Name _____ Account No: _____ Contact _____

Phone Number _____ Fax Number _____

Trade References

Company Name _____ Address _____

City _____ State _____ Zip _____

Phone No: _____ Fax No: _____

Company Name _____ Address _____

City _____ State _____ Zip _____

Phone No: _____ Fax No: _____

Company Name _____ Address _____

City _____ State _____ Zip _____

Phone No: _____ Fax No: _____

Authorization

I/we certify the information is true and correct. I/we authorize Gatwood Crane Service, Inc. to make such inquiries as may be deemed necessary to investigate the references and sources pertaining to the establishment of credit and financial responsibility of the applicant.

Signature of Officer or Principal: _____

Please Print Name and Title: _____

Complete and sign application and fax to (847) 439-0163

2345 E. Hamilton Road ■ Arlington Heights, IL 60005 ■ (847) 364-1400 FAX (847) 439-0163
487 N. Industrial Drive ■ Naperville, IL 60563 ■ (630) 369-2300