



Credit Application

Return to Stevenson Crane, Attn: Jackie, at fax # 630-972-0303 for credit consideration.

Company Information

Name: _____

Billing Address: _____

City, State, Zip Code _____

Street Address (if different): _____

City, State, Zip Code _____

Phone Number: _____

Fax Number: _____

Federal Tax Id Number: _____

Corporation LLC Partnership Sole Proprietor

Year Established: _____

Owner / Officer Information

Name / Title: _____

Name / Title: _____

Bank Reference

Bank Name: _____

Address: _____

City, State, Zip Code _____

Contact Name: _____

Contact Number: _____

Contact Fax Number: _____

Account Number: _____

Trade / Supplier References

1. Company Name: _____
 Address _____
 City, State, Zip Code _____
 Phone Number _____
 Fax Number: _____

2. Company Name: _____
 Address _____
 City, State, Zip Code _____
 Phone Number _____
 Fax Number: _____

3. Company Name: _____
 Address _____
 City, State, Zip Code _____
 Phone Number _____
 Fax Number: _____

Credit Card Number	Type of Card	Name on Card	Expiration

By signing below I (we) hereby agree to pay all invoice within 30 days of the invoice date. If any sums are not paid by due date, I (we) agree to pay the invoice amount plus interest and any applicable charges and fees. Interest will be charged on outstanding balance due from the invoice date at a rate equal to 1 ½% per calendar month. I (we) will also be responsible for re-payment of all other applicable attorney fees, collection fees, costs, or expenses associated with attempts to receive payment on outstanding invoices. I / We hereby authorize the above credit card information to be used in the event of default from payment obligations as specified on any of the service order / bare rental agreement terms and conditions.

 Signature Date

 Title Company Name