



BOB HILL HYDRAULIC CRANE RENTALS
Est. 1959

BHC Crane
PO Box 9077 San Pedro, CA 90734
800-924-6445 · 310-830-6450 · FAX 310-830-6490
www.BHCcrane.com

CUSTOMER INFORMATION

COMPANY INFORMATION

Company Name _____	Federal Tax I.D. # _____
Mailing Address _____	Dun & Bradstreet # _____
City, State, Zip _____	Type of Business _____
Physical Address _____	Contractor's License # _____
City, State, Zip _____	Telephone Number _____
Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corp <input type="checkbox"/> LLC <input type="checkbox"/>	Fax Number _____
State of Incorporation _____	AP/AR Contact Name _____
Date Established _____	AP/AR Telephone # _____
Any Bankruptcy or Legal Judgments Yes <input type="checkbox"/> No <input type="checkbox"/>	AP/AR E-Mail Address _____

The above information is herewith submitted for the purpose of opening an account and I hereby certify this information to be true.

Signature _____

Print Name: _____ Title: _____ Date: _____

--- Customer will be COD without the following Credit Application completed---

CREDIT APPLICATION

Should the customer want BHC Crane to consider extending credit to them, the following sections must be completed in full. BHC Crane may require up to four business days for processing. Completion of this form does not guarantee credit.

BANK REFERENCE

Name _____	Contact _____
Address _____	Telephone Number _____
City, State, Zip _____	Account Number _____

PRINCIPAL / PARTNER / OWNER / OFFICER

Name _____	E-Mail Address _____
Home Address _____	Telephone Number _____
City, State, Zip _____	Percentage of Ownership _____

Name _____	E-Mail Address _____
Home Address _____	Telephone Number _____
City, State, Zip _____	Percentage of Ownership _____

Name _____	E-Mail Address _____
Home Address _____	Telephone Number _____
City, State, Zip _____	Percentage of Ownership _____



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CREDIT APPLICATION CONTINUED

Company Name _____ Federal Tax I.D. # _____

CREDIT REFERANCES

The following are authorized to provide credit information:

Company Name _____

Address _____ Telephone Number _____

City, State, Zip _____ Fax Number _____

Contact Name _____ E-Mail Address _____

Company Name _____

Address _____ Telephone Number _____

City, State, Zip _____ Fax Number _____

Contact Name _____ E-Mail Address _____

Company Name _____

Address _____ Telephone Number _____

City, State, Zip _____ Fax Number _____

Contact Name _____ E-Mail Address _____

The above information is herewith submitted for the purpose of opening an account and I hereby certify this information to be true.

Signature _____

Print Name: _____ Title: _____ Date: _____

--- Credit terms: NET 30 DAYS. ---

PERSONAL GUARANTEE

The undersigned (Guarantor, individually) acknowledges that credit will not be extended to the Customer without the execution of this personal guarantee and hereby agrees to the terms and conditions set forth in this credit agreement. The Guarantor acknowledges that BHC Crane LLC is relying on all representations made herein in extending credit to the Customer. The Guarantor agrees to pay all amounts which due pursuant to this agreement. The Guarantor acknowledges that any limitation on the Customer's credit shall not be construed to be a limit on the liability of the Guarantor. The Guarantor further acknowledges and agrees to pay all expenses of collection including reasonable attorney's fees incurred by reason of the default of the Customer or the default of the Guarantor. The Guarantor waives prior demand on the Customer. This is a continuing guarantee and shall be revocable only as to transactions entered into thirty days after BHC Crane LLC credit department receives a "Notice of Termination of Guarantee" sent from Guarantor by registered mail.

Printed Name of Guarantor _____

Social Security # _____ Date of Birth _____

Guarantor's Signature _____ Date _____