

EQUAL OPPORTUNITY ACT: NOTICE If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Director of Credit – CraneCREDIT, 1111 Old Eagle School Road, Wayne, PA 19087 (610-386-5000) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C., 20590.

COMPANY INFORMATION

Applicant Company Name _____

Applicant Company Address _____

Applicant Company City/State/Zip _____

Primary Contact Name _____ Phone Number (____) _____

Nature of Business _____ Years in Business _____ Number of Employees _____

Principal _____ Soc. Sec. No. _____

Home Address _____ Date of Birth _____

TYPE OF BUSINESS
<input type="checkbox"/> PROPRIETORSHIP
<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> CORPORATION
<input type="checkbox"/> LLC
State of Incorporation _____
When Incorporated _____
Taxpayer ID Number _____

BANK AND CREDIT INFORMATION

Bank Reference _____	Account Officer _____	Phone Number _____
Address City/State/Zip _____	Checking Acct. No. _____	Other Acct. No. (Type) _____
Bank Reference _____	Account Officer _____	Phone Number _____
Address City/State/Zip _____	Checking Acct. No. _____	Other Acct. No. (Type) _____
Secured Credit References _____	Contact Person _____	Phone number _____
Secured Credit References _____	Contact Person _____	Phone Number _____

TRANSACTION INFORMATION

Equipment Description _____	Term: _____	SALE PRICE _____
Serial Number _____	No. of months _____	ATTACHMENTS _____
Attachment(s) Description _____	Hours Operated _____	ATTACHMENTS _____
Trade-in(s) Description _____		NET TRADE-IN (____)
		DOWN PAYMENT (____)
Transaction Type: <input type="checkbox"/> Conditional Sale <input type="checkbox"/> Equipment Lease <input type="checkbox"/> Used Equipment		TAXES _____
IF EQUIPMENT LEASE: Stated Purchase Option \$ / % _____ or FMV _____		FEES, ETC. _____
Payment Plan: <input type="checkbox"/> Level Pay <input type="checkbox"/> Skip Payments <input type="checkbox"/> Accelerated		INSURANCE _____
Credit Insurance: <input type="checkbox"/> (Y / N) Physical Damage Insurance: <input type="checkbox"/> (Y / N)		TOTAL AMOUNT TO FINANCE _____
Insurance Company _____ Agent _____		
Address _____ Phone (____) _____		

DISTRIBUTOR INFORMATION

Distributor Name _____ Representative _____

Location _____ Phone Number _____

The undersigned affirm that the above information concerning Applicant and its Principal is true and correct. Applicant and Principal authorize the Creditors to whom this Credit Application is submitted to obtain credit information and credit reports concerning them (including consumer credit bureau reports in the case of Principal) for purposes of determining creditworthiness. Creditors are also authorized to disclose all financial and credit information obtained by Creditors to the distributors/dealers from whom Applicant will acquire/lease the above equipment, and the manufacturers of that equipment.

X _____ TITLE _____ DATE _____
 (SIGNATURE OF APPLICANT'S REPRESENTATIVE)

X _____ DATE _____
 (SIGNATURE OF PRINCIPAL)