

# CREDIT APPLICATION

All components of this application must be completed for credit processing.



## HERC-U-LIFT

Since 1968

5655 HIGHWAY 12 WEST  
MAPLE PLAIN, MN 55359

Sales Rep Name: \_\_\_\_\_

TEL: (763) 479-2501 FAX: (763) 479-1061 EMAIL: HULACCTG@HERCULIFT.COM

Order Pending:  YES  NO

Legal Business Name: _____	Federal ID # _____	Years in Business: _____
Company Email address: _____		
Owner's Name: _____	Partner/Co-Applicant Name: _____	
Billing Address: _____	Ship To Address: _____	
City _____ State ____ Zip _____ County _____	City _____ State ____ Zip _____ County _____	
Telephone: ( ) _____ - _____	Fax: ( ) _____ - _____	Cellular: ( ) _____ - _____
Invoice Distribution Preference: Email <input type="checkbox"/> Postal <input type="checkbox"/>		

### BUSINESS OWNERSHIP

Sole Proprietorship  Partnership  Corporation

*Must have social security numbers for Sole Proprietors and all Partners.*

SS # \_\_\_\_\_ Tax-Exempt:  YES  NO  
Co-Applicant SS # \_\_\_\_\_ Sales Tax ID # \_\_\_\_\_  
Purchase Order Required:  YES  NO

**Note: If tax exempt, must include a Certificate of Exemption with application.**

### BANK REFERENCE (checking & loan)

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Account # \_\_\_\_\_

### TRADE REFERENCES

*Principal suppliers with substantial history.*

Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Account # \_\_\_\_\_  
Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Account # \_\_\_\_\_  
Company Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_ Account # \_\_\_\_\_

### TERMS AND CONDITIONS

I (We) the undersigned hereby certify that the information, contained herein, is true and correct. By my signature below I authorize Herc-U-Lift, Inc. and any financial institution requesting information in conjunction with this application to obtain a Consumer Credit Report and/or a Banking/Trade Inquiry to determine credit worthiness of applicant and authorize the release of credit/banking information to any financial institution requesting information in conjunction with this application.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature (Partner/Co-Application) \_\_\_\_\_ Date \_\_\_\_\_

### INTERNAL ONLY

Assigned Account#: \_\_\_\_\_ Application Approved:  YES  NO

FINANCE CHARGES OF 1.5% PER MONTH EQUAL TO ANNUAL RATE OF 18%

**A copy of Certificate of Insurance must accompany this document concerning rentals and/or leases.**

This form may be sent using the information located in the address block at the top of this form.