



Phone: 210-267-1470

Fax: 210-267-5136

SUAREZ BROS. CRANE & HEAVY HAUL CREDIT APPLICATION
(Please complete in full)

TERMINAL DATE

We hereby apply for the extension of credit by your firm and submit the following information as a basis for your consideration of our application. You are hereby authorized to investigate this information pertaining to our credit and financial responsibility.

LEGAL NAME PHONE NUMBER

DOING BUSINESS AS FAX NUMBER

STREET CITY STATE ZIP

TYPE OF BUSINESS DATE BUSINESS STARTED

CORPORATION () PARTNERSHIP () LIMITED PARTNERSHIP () PROPRIETORSHIP ()

FEDERAL ID#
If incorporated, state in which incorporated
Affiliated with or subsidiary of

CONTACT:
PRINCIPAL OWNERS OR STOCKHOLDERS: NAME ADDRESS TITLE
1.
2.
3.

*** IF BRANCH OFFICE ONLY *** PLEASE INDICATE HOME OFFICE ADDRESS

STREET CITY STATE ZIP
PHONE NUMBER FAX NUMBER
INVOICES TO BE SENT TO: HOME OFFICE () BRANCH OFFICE ()

TRADE REFERENCES: NAME STREET CITY&STATE PHONE NUMBER
1.
2.
3.
4.

NAME OF BANK PHONE NUMBER
STREET ADDRESS
CITY STATE ZIP
CONTACT ACCOUNT NUMBER

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH OUR TERMS OF NET 30 DAYS FROM INVOICE DATE. Should it be necessary to place this account for collection, I/we agree to pay all collection costs and attorney fees. I/we also agree that if part payments are made or no payments are made on account within the terms specified that you have the right to asses and I/we agree to pay a "finance charge" computed by applying a periodic monthly rate of 1.5% to the past due balance. This is an annual percentage of 18%.

AUTHORIZED SIGNATURE

PRINT NAME TITLE

WITNESS SIGNATURE NAME