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CREDIT APPLICATION

	COMPANY NAME: OWNER NAME: BUSINESS ADDRESS: MAILING ADDRESS:		
	CITY:	STATE:	ZIP:
	PHONE:	FAX:	
	E-mail address (optional)		
	Accounts Payable contact & number:		
	TAX ID# or SOC. SEC. #:		
1	Nature of Business:	How lor	ng:
	NAME OF BANK: ACCT. #:		
		CONTACT:	
	TRADE REFERENCES: Name of Business Co	ontact person	PHONE # AND FAX#
	1)		
	2)		
	3)		
	4)		
	My <u>authorized</u> signature below hereby authorizes R. F. Equipment, Inc. to obtain all requested information from my bank and my trade references listed above. I am aware owners & shareholders are responsible for any costs that may occur to collect on account includes attorney fees and court costs.		
	SIGNATURE:		DATE:
"VO	MID FNCINE DADTS FYDFD	Γς"	