



APPLICATION FOR CREDIT

We hereby apply for the extension of credit by the above 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.

APPLICANT INFORMATION

DATE	FIRM'S TRADE NAME	OPERATING TRADE NAME		
PHONE #	FAX #	TYPE OF BUSINESS	FEDERAL ID NUMBER	
STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS		CITY	STATE	ZIP
TAX EXEMPT? (IF SO, GIVE NUMBERS)	DATE STARTED	IF INCORPORATED, STATE IN WHICH INCORPORATED		
BUSINESS STRUCTURE:	Corporation	Partnership	Limited Partnership	Proprietorship

PRINCIPAL OWNERS OR STOCKHOLDERS

NAME	ADDRESS	TITLE
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BANK REFERENCE

NAME OF BANK	PHONE	ACCOUNT NUMBER
STREET ADDRESS	CITY	STATE

BILLING INSTRUCTIONS

List any specific billing instructions below, including need for Purchase Orders and extra copies of invoices.

TRADE REFERENCES · A MINIMUM OF 3 REFERENCES REQUIRED

NAME	STREET	CITY & STATE	PHONE	FAX
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PERSONNEL AUTHORIZED TO RENT ON ACCOUNT

The following individuals are authorized to rent equipment and incur charges on this account:

PRINTED NAME	TITLE	PHONE
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Charges by individuals not listed above require written authorization from an officer.

TERMS & AGREEMENT

THE UNDERSIGNED SUBMITS APPLICATION FOR CREDIT SUBJECT TO THE FOLLOWING TERMS, AND CONSIDERATION FOR THE EXTENSION OF CREDIT OR THE ESTABLISHMENT OF AN ACCOUNT, REPRESENTS AND/OR AGREES AS FOLLOWS:

1. All the information submitted in the application is true and correct to the best of knowledge, information and belief of the applicant.
2. The undersigned authorizes inquiry as to credit information and accordingly gives approval for those references to release credit information to Patriot Crane Rentals, LLC.

Additions or alterations to this contract are null and void unless approved in writing by an authorized representative of Patriot Crane Rentals, LLC.

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms of net 30 days from invoice date. Should it become necessary to place this account on collection, I / we agree to pay all collection costs and attorney fees. I / we also agree that if partial payments are made, or no payment is made on the account within the terms specified, that you have the right to assess and I / we agree to pay a "finance charge" computed by applying a periodic monthly rate of 1½% to the past due balance. This is an annual percentage rate of 18%.

COMPANY NAME	DATE
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OFFICER / OWNER SIGNATURE	TITLE	PRINTED NAME
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WITNESS BY

OFFICE USE ONLY

APPROVED	REJECTED	CREDIT LIMIT	APPROVED BY
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DATE
