AMERICAN LIFT & EQUIPMENT

2440 FM 528 Road Alvin, TX 77511
https://americanlift.net/
Phone: (281) 388-2500
Fax: (281) 388-2600

CREDIT APPLICATION FOR PAYMENT TERMS FOR PARTS, REPAIRS & MAINTENANCE

CLIENT INFORMATION			
Full Legal Name of Company:			
Billing Address:	City:	State:	ZIP Code:
Fed. Tax ID#:	Telephone:		
Contact name:			
Check one: Corporation ☐	Partnership: ☐	Sole Proprietor ☐	
Type of business:	Year business began:		

BUSINESS OFFICER(S) INFORMATION		
Officer Name:	Title:	DOB:
E-mail:	Phone #	
Officer Name:	Title:	DOB:
Email:	Phone #	

CREDIT REFERENCE # 1:		
Company Name:		
Address:		
City:	State:	ZIP Code:
Telephone:	Fax:	
Email:		

CREDIT REFERENCE #2:

Company Name:		
Address:		
City:	State:	ZIP Code:
Telephone:	Fax:	
Email:		

CREDIT REFERENCE #3:

Company Name:		
Address:		
City:	State:	ZIP Code:
Telephone:	Fax:	
Email:		

BANK REFERENCE

Bank Name:	Phone #
Year Account Opened:	Checking Acct.#
Bank Contact:	

In order to **complete your application for credit with American Lift & Equipment, Inc., we request that you read and agree to our terms for payment. Our terms are net 20 days. Invoices not paid in full within twenty (20) days may result in your account being placed** on credit hold and/or status changed to CoD and may be reported as late to credit reporting agencies. Past due accounts are subject to a 1.5% per month or 18% per annum charge.

I, the undersigned hereby authorize the release of credit information, and request that all loan, credit, bank, trade or other history be given to American Lift & Equipment, Inc. and its assignees. I have read and agree to the terms for payment.	
Signature of applicant:	Date:
Printed name:	
Signature of co-applicant:	Date:
Printed name:	Title: