

Crane Composites, Inc.

23525 W. Eames Street

P: 815-467-8600 F: 815-467-8668 [dknippen@cranecomposites.com](mailto:dknippen@cranecomposites.com)

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Line of Business: \_\_\_\_\_ Year Started: \_\_\_\_\_

Sales Tax Exemption #: \_\_\_\_\_ Federal ID #: \_\_\_\_\_ D&B#: \_\_\_\_\_

Check One: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship

\_\_\_\_\_ Individual \_\_\_\_\_ Government \_\_\_\_\_ LLC \_\_\_\_\_ LLP

Anticipated yearly Sales: \_\_\_\_\_ Initial Order: \_\_\_\_\_

Type of Purchase Control System: \_\_\_\_\_ Purchase Order Only: \_\_\_\_\_

If other, please specify and list names of persons authorized: \_\_\_\_\_

**NAMES OF OFFICERS/OWNERS:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Former/Present Affiliated Companies: \_\_\_\_\_

How Related: \_\_\_\_\_

Pending Litigation? \_\_\_\_\_ If Yes, Details: \_\_\_\_\_

Bankruptcy Filed: \_\_\_\_\_ If Yes, Date, City & State of Filing: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % of Ownership: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Former/Present Affiliated Companies: \_\_\_\_\_

How Related: \_\_\_\_\_

Pending Litigation? \_\_\_\_\_ If Yes, Details: \_\_\_\_\_

**ACCOUNTS PAYABLE**

NAME: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Check One:** **EFT Capable?** Yes \_\_\_ No \_\_\_ **Check One:** **Invoice Method:** Email \_\_\_ FAX \_\_\_ Mail \_\_\_

**CREDIT AND TRADE REFERENCES:**

---

NAME ADDRESS ACCOUNT NUMBER

---

E-MAIL ADDRESS TELEPHONE/FAX NUMBER CONTACT PERSON

---

NAME ADDRESS ACCOUNT NUMBER

---

E-MAIL ADDRESS TELEPHONE/FAX NUMBER CONTACT PERSON

---

NAME ADDRESS ACCOUNT NUMBER

---

E-MAIL ADDRESS TELEPHONE/FAX NUMBER CONTACT PERSON

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

CONTACT: \_\_\_\_\_ CHECKING ACCT#: \_\_\_\_\_ LOAN#: \_\_\_\_\_

The information contained in this Application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem in order to verify the accuracy of the statements made herein to determine my creditworthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered delivered pursuant hereto will be governed and settled under applicable principles of Illinois law, under jurisdiction of the State of Illinois Courts and that venue in any such action shall be in the County of Will.

Note: It is understood by signing this application I am acknowledging and accepting that a service charge will be added to past-due invoices each month in the amount of 1.5% (annual rate 18.0%). Customer agrees to pay all costs of collections, including attorney fees. Merchandise may not be returned without prior authorization.

By signing this application, I acknowledge that I have read and understood the terms of sale and agree to abide by them. Crane Composites, Inc. payment terms are Net 30 days from date of invoice. Crane Composites reserves the right, at its own discretion, to grant or deny credit and to increase or decrease credit at any time. Financial statements may be required.

DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_  
Full Company Name

SIGNED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DECLINED BY: \_\_\_\_\_