



CRANE RENTAL
INDUSTRIAL PLANT MAINTENANCE

STEEL FABRICATION
PROCESS PIPING

FULL SERVICE MACHINE SHOP
MILL SUPPLIES

201 East Law
Chalmette, LA 70043
(504) 279-5758 PH#
(504) 279-5759 FAX#

8100 Highway 57
Ocean Springs, MS 39564
(228) 875-1877 PH#
(228) 875-1880 FAX#

734 Highway 45 South
Columbus, MS 39701
(662) 328-4611 PH#
(662) 328-4638 FAX#

2120 31ST Ave. S.
Meridian, MS 39301
(601) 482-5554 PH#
(601) 482-1113 FAX#

50 JM Tatum Ind. Drive
Hattiesburg, MS 39401
(601) 544-1275 PH#
(601) 544-1298 FAX#

CREDIT APPLICATION

NAME: _____

BILLING ADDRESS: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE#: _____ FAX#: _____

CORPORATION: _____ PARTNERSHIP: _____ PROPRIETORSHIP: _____

TAX: EXEMPT _____ FULL TAX _____ 3.50% _____ 1.50% _____

IF TAX EXEMPT PLEASE ATTACH TAX EXEMPTION CERTIFICATION AND PROVIDE NUMBER.

IS A PURCHASE ORDER# REQUIRED? _____ YES _____ NO

NAME OF PRINCIPLE OWNER: _____

NATURE OF BUSINESS: _____ DATE STARTED: _____

PERSON TO CONTACT FOR PAYMENT: _____

CREDIT REFERENCES

BANK: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

TRADE REFERENCES

****MUST INCLUDE FAX NUMBER AND REFERENCE MUST HAVE DONE BUSINESS WITH YOU WITHIN THE LAST 30 DAYS****

NAME: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

FAX: _____ EMAIL: _____

Please include fax numbers or email addresses

NAME: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

FAX: _____ EMAIL: _____

Please include fax numbers or email addresses

NAME: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

FAX: _____ EMAIL: _____

Please include fax numbers or email addresses

NAME: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

FAX: _____ EMAIL: _____

Please include fax numbers or email addresses

SIGNATURE: _____ DATE: _____

Document must be returned with signature. Thank you.