



# Commercial Group Lifting Products

12801 UNIVERSAL DRIVE, TAYLOR, MI 48180 PH# (734) 947-4000 FAX# (734) 947-4004

## CREDIT APPLICATION

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please specify method of invoicing: Email \_\_\_\_\_ (**Preferred Method**) Email Address: \_\_\_\_\_

Fax \_\_\_\_\_ Fax#: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_ Fax# (\_\_\_\_) \_\_\_\_\_

Name Of Bank: \_\_\_\_\_ Bank Account# \_\_\_\_\_

Tax Exemption Status (see attached certificate): Resale \_\_\_\_\_ Industrial Processing \_\_\_\_\_ Other \_\_\_\_\_

Federal I.D. # \_\_\_\_\_ Requested Credit Limit: \$ \_\_\_\_\_

Tax Exemption I.D.# \_\_\_\_\_ **If tax exempt, please attach copy of tax exemption form.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Names, Titles and Addresses of Corporate Officers:

\_\_\_\_\_  
\_\_\_\_\_

Corporation  Partnership  Sole Proprietorship

State of Incorporation: \_\_\_\_\_

### TRADE REFERENCES:

### NOTES :

1. \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Remit To Address: Commercial Group Lifting Products**

**5192 Reliable Parkway**

**Chicago, IL 60686-0051**

### For Commercial Group Lifting Products use ONLY:

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Salesman Code:** \_\_\_\_\_

**Limit Approved \$** \_\_\_\_\_

**Corporate/Headquarters:**

12801 Universal Drive

Taylor, MI 48180

**Chicago Facility:**

1601 Cline Ave

Gary, IN 46406.

**Cleveland Facility:**

5213 Grant Ave.

Cleveland, OH 44125

**Cincinnati Facility:**

11312 Tamarco Drive

Blue Ash, OH 45212