



# MOBILE LIFTS, LLC

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## Credit Application for a Business Account

### Business Contact Information

Title: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Registered company address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date business commenced: \_\_\_\_\_  
Sole Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_

### Business and Credit Information

Primary business address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long at current address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Bank name: \_\_\_\_\_  
Bank address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Banking Details

Type of account	Account number
Savings _____	_____
Checking _____	_____
Other _____	_____

### Business and/or Trade References

**Company name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Type of account: \_\_\_\_\_

**Company name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Type of account: \_\_\_\_\_

**Company name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Type of account: \_\_\_\_\_

### Agreement

- 1- All invoices are due upon receipt.
- 2- Claims arising from invoices must be made with 7 working days.
- 3- By submitting this application you authorize Mobile Lifts, LLC to make inquiries to the banking, savings, business, and/or trade references you have supplied.

### Signatures

Title: _____ Date: _____	Title: _____ Date: _____
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