

# ATLAS CRANE SERVICE

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THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL – ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE  
**YOUR COMPANY INFORMATION:**

Name of Business:

Address:

City:

State:

Zip Code:

Telephone No.:

Contact:

Email address:

No. of Years in Business with this Name:

**Type of Business:** \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Individual

**OWNERSHIP/CORPORATE OFFICERS:**

Name/Title:

Address:

Name/Title:

Address:

Name/Title:

Address:

**FINANCIAL INFORMATION:**

Bank Name:

Telephone No.:

Account No.:

**REFERENCES:**

Name:

Phone:

Fax:

Customer Acct No.:

Name:

Phone:

Fax:

Customer Acct No.:

Name:

Phone:

Fax:

Customer Acct No.:

I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND WE ACKNOWLEDGE THE TERMS OF PAYMENT ON OPEN ACCOUNTS IS NET 30 DAYS AND THAT WE CAN AND WILL COMPLY WITH THOSE TERMS.

Date:

Signed:

Title:

Date:

Signed:

Title: