



LIFT, INC

MATERIAL HANDLING SPECIALISTS

Application For Credit Review

Company Name:

Shipping Address:

Billing Address:

City:

State:

Zip Code:

Telephone No.:

Fax No.:

Name of Parent Company (if a subsidiary)

Type of Business:

Year Established:

Is Business Incorporated? Yes No *If yes, in what state?

Billing Instructions

Purchase exempt from PA sales tax? Yes No
 If yes, a completed exemption certificate must accompany this application.

Are purchase orders required for all purchases? Yes No

Accounts Payable Contact:

Accounts Payable Phone Number:

Accounts Payable Fax Number:

Bank Reference

Bank:

Address:

Telephone Number:

Contact:

Type of Account: Checking Savings Mortgage
 Line of Credit Equipment Finance

Note: Please Sign & Return Authorization to Release Bank Information

Corporate Office

3745 Hempland Rd. Mountville, PA 17554 - (717) 662-1800 - Fax (717) 662-1837 - www.liftincorporated.com

Regional Offices

Lift, Inc. Leesport
 5538 Pottsville Pike,
 Leesport, PA 19533
 (610) 488-1041
 FAX: (610) 488-1128

Lift, Inc. Carlisle
 7064 Carlisle Pike
 Carlisle, PA 17015
 (717) 691-8820
 FAX: (717) 691-8850

Lift, Inc. Williamsport
 2897 S. Reach Road
 Williamsport, PA 17707
 (570) 323-7718
 FAX: (570) 567-0069

Bobcat of Lancaster
 4122 Oregon Pike,
 Ephrata, PA 17522
 (717) 856-4646
 FAX: (717) 859-4659

Reading Tractor
 5538 Pottsville Pike,
 Leesport, PA 19533
 (610) 926-2441
 FAX: (610) 926-0970

Open-Account Trade References

Name:

Address:

Telephone Number:

Fax Number:

Name:

Address:

Telephone Number:

Fax Number:

Name:

Address:

Telephone Number:

Fax Number:

Terms: Net 10 Days. Payment is Due 10 days from invoice date. In consideration of the granting and extension of credit by Lift Inc., applicant hereby agrees to pay all invoices within terms. If payment is delinquent over 30 days, applicant agrees to pay principal amounts due; collection costs incurred by Lift Inc. (including reasonable attorney's fees and court costs), plus interest at the lower 18% annum or the highest rate under Pennsylvania Law from date of invoice. If litigation is necessary, venue will be Lancaster County, Pennsylvania.

Should your organization choose to do business with Lift Inc., we reserve the right to obtain and utilize a personnel credit check at our discretion.

Signature

Title

Print Name of Signer

Date

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Please complete the information and sign this authorization for your bank to release information to us:

We, (Company Name)
would like to open an account with Lift, Inc., with corporate office located at 3745 Hempland Road,
Mountville, PA 17554 and hereby authorize.

(Bank Name)

To release information to Lift Inc., concerning verification of our accounts at the bank as well as any
other financial information which would be beneficial to this credit check.

Thank you

Account Number

Account Number

Authorized Signature & Title of Applicant

Date

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