

**CREDIT APPLICATION**  
BUCHANAN HAULING & RIGGING, INC.  
4625 INDUSTRIAL ROAD  
FORT WAYNE, IN 46825  
OFC: (260)471-1877  
FAX: (260) 469-0536

**BILLING & BUSINESS INFORMATION**

**MAILING ADDRESS** (if different from business address)

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
( )

\_\_\_\_\_  
PHONE EXTENSION

\_\_\_\_\_  
FEDERAL ID NUMBER

\_\_\_\_\_  
( )

\_\_\_\_\_  
FAX

\_\_\_\_\_  
SCAC CODE

\_\_\_\_\_  
CONTACT PERSON

\_\_\_\_\_  
D & B NUMBER

\_\_\_\_\_  
SUPERVISOR

\_\_\_\_\_  
MC NUMBER

\_\_\_\_\_  
DIRECT LINE

**COMPANY PROFILE**

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ LLC \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_

DATE YOU STARTED BUSINESS \_\_\_\_\_ CREDIT REQUESTED \$ \_\_\_\_\_

HAVE YOU EVER FILED BANKRUPTCY? YES \_\_\_\_\_ NO \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

NO. OF EMPLOYEES \_\_\_\_\_ ANNUAL REVENUE \$ \_\_\_\_\_

**OFFICERS OR PRINCIPALS**

\_\_\_\_\_  
NAME TITLE RESIDENCE SSN

\_\_\_\_\_  
NAME TITLE RESIDENCE SSN

\_\_\_\_\_  
NAME TITLE RESIDENCE SSN

**BANKING INFORMATION**

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
CONTACT PERSON

\_\_\_\_\_  
TELEPHONE

**CREDIT APPLICATION**  
**BUCHANAN HAULING & RIGGING, INC.**  
FOR OFFICE USE ONLY

CREDIT APPLICATION # \_\_\_\_\_ AMOUNT APPROVED \$ \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ TRANSCENTRAL RECOMMENDATION \$ \_\_\_\_\_

ACCOUNTS RECEIVABLE MANAGER \_\_\_\_\_ DATE APPROVED \_\_\_\_\_  
\* Approval up to \$5,000

OFFICE MANAGER \_\_\_\_\_ DATE APPROVED \_\_\_\_\_  
\* Approval up to \$10,000

CHIEF FINANCIAL OFFICER \_\_\_\_\_ DATE APPROVED \_\_\_\_\_  
\* Approval up to \$50,000

PRESIDENT \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Attach copies of any/all credit information received.