



*Application for Credit*

Company Name: \_\_\_\_\_  
 Company Street Address: \_\_\_\_\_  
 Company City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Full Name(s) of Owner(s): \_\_\_\_\_  
 Name & Email Address for A/P Contact: \_\_\_\_\_  
 How Many Years in Business? \_\_\_\_\_  
 Does your company require a Purchase Order? \_\_\_\_\_  
 Preferred Method of Invoice Delivery: \_\_\_\_\_  
 How did you learn about our company? \_\_\_\_\_  
 Is your company tax-exempt? Please provide the certificate. \_\_\_\_\_  
 Please select your Digging & Rigging or Coastal Crane Project Estimator:  
 Aaron Gregory  Andy Ross  Bryan Topper  Cory Yingling  David Autry  Dave Bennett  
 Jeff Huber  Jeremy Mellott  Jim Gregory Jr.  John Gregory  John Lucabaugh  Kevin Martin  
 Mo Morris  Mike Dreyer  Scott Hubble  Sean Welling  Slanz Bilello  Shawn Morris  Terry Carr  
 Thomas Simmons  Tom Linton  Warren Sirk Sr.  Other: \_\_\_\_\_

**TRADE REFERENCES**

*PLEASE PROVIDE FIVE (5) REFERENCES WITH FAX NUMBERS OR EMAIL ADDRESSES.*

1. Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_
2. Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_
3. Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_
4. Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_
5. Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

Should you approve this application, I (we) the undersigned agree to pay for all services performed, per your terms, which are Net 30 i.e., all charges are due and payable 30 days from the date of invoice. Invoices not paid when due are subject to a finance charge of 1 ½ % per month and if referred to collection are subject to court costs and legal fees. The individual signing below hereby represents and warrants that s/he is duly authorized to execute and deliver this Agreement on behalf of Lessee and that this Agreement is binding upon Lessee in accordance with its terms. Digging and Rigging, Inc. is authorized to contact any references listed above solely for the basis of granting credit.

Please return via email to [credit@digrig.com](mailto:credit@digrig.com) or fax to 240-313-3948.

Authorized Signature and Title: \_\_\_\_\_

Printed Name and Date: \_\_\_\_\_

\*An account is defined as inactive if no service has been performed in 24 consecutive months and will be suspended. A new credit application must be completed to renew your account.  
 \*Use of a credit card incurs fees at 4%.