

## **Customer Information Form**

Thank you for choosing Alliance Crane Service, LLC for your crane rental needs! To better serve you, please complete the below form to the best of your ability. This allows us to ensure all customer information in our system current and correct.

	☐ New Customer	☐ Current Customer Update	
Company Name:			
Physical Address:			
Billing Address:			
Phone: ( )		Fax: ()	
A/P Contact:			
		Extension:	
A/P Billing Email:			
A/P Inquiry Email:			
Preferred Method of Co	ntact:   Phone   E	Email 🗆 Paper Mail	
PO Required for Invoice	? □ Yes □ No		
Additional Notes <i>(opt</i>	ional):		
Name and Title of Author	orized Agent:		
Signature:		Date:	

We appreciate your business and look forward to working with you!

Please return this form via the address and/or email below.