



❖❖❖ Corporate Office Mailing Address: P.O. Box 2129, Durham, NC 27702 ❖❖❖

Durham Location: 1303 E. Geer St, Durham, NC 27704
Raleigh Location: 1260 Kirkland Rd., Raleigh, NC 27603
Greensboro Location: 7055 Albert Pick Rd., Greensboro, NC 27409
Columbia Location: 700-A Buckner Rd., Columbia, SC 29203
Richmond Location: 5424 Jefferson Davis Hwy., Richmond, VA 23234
Knoxville Location: 5210 N. Middlebrook Pike, Knoxville, TN 37921

Approved By: _____ CREDIT APPLICATION

Date: _____ (Return Fax to: 919 / 226-3443) Salesman: _____

Business Name: _____

Mailing Address: _____ (P.O. #, etc.) (City) (State) (Zip)

Street Address: _____ (Street #, incl. Suite #, etc.) (City) (State) (Zip)

Business Phone: (____) _____ - _____ Cell: (____) _____ - _____ FAX: (____) _____ - _____

Home Phone: (____) _____ - _____ Soc. Sec. #: _____ - _____ - _____ Fed. ID #: _____

Business Structure: Sole Proprietor _____ Partnership _____ Corporation _____, in which State: _____ DUNS #: _____

President/Owner: _____ Secretary: _____

Vice President: _____ Treasurer: _____

Type of Business: _____ Year Started: _____

Are Purchase Orders Required? Yes _____ No _____ Are Job Numbers Required? Yes _____ No _____

Are You Tax-Exempt? Yes _____ No _____ If "Yes", your Exemption Certificate must be provided.

Accounts Payable Contact: _____ Phone: (____) _____ - _____

What is your Payment Policy? _____ Do You Want A Monthly Statement? Yes _____ No _____

(Any amount past due 60 days or more is subject to a Finance Charge of 1.5% per month.)

PLEASE ATTACH A LIST OF AUTHORIZED PURCHASERS WITH APPLICATION

TRADE REFERENCES

(No Credit Cards or Department Stores)

1. Company: _____ Phone: (____) _____ - _____
Address: _____ Contact: _____
(Street or P.O. #) (City) (State) (Zip)

2. Company: _____ Phone: (____) _____ - _____
Address: _____ Contact: _____
(Street or P.O. #) (City) (State) (Zip)

3. Company: _____ Phone: (____) _____ - _____
Address: _____ Contact: _____
(Street or P.O. #) (City) (State) (Zip)

4. Company: _____ Phone: (____) _____ - _____
Address: _____ Contact: _____
(Street or P.O. #) (City) (State) (Zip)

5. Company: _____ Phone: (____) _____ - _____
Address: _____ Contact: _____
(Street or P.O. #) (City) (State) (Zip)

Bank: _____ Phone: (____) _____ - _____
Address: _____ Contact: _____
(Street or P.O. #) (City) (State) (Zip)

I hereby give permission to Associated Scaffolding Company, Inc. and/or its agent(s) to use any source available to it in order to investigate the credit worthiness of the company or person applying for an account with Associated Scaffolding Company, Inc., knowing that our Terms are Net 28 days from date of delivery and if I default on my account, I will be subject to attorneys' fees, court cost & post-judgement interest.

Date: _____ Signature: _____

Title: _____



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Durham Location: 1303 E. Geer St Durham, NC 27704 919 / 226-3474 800 / 768-2655 FAX #: 919 / 226-3443	Raleigh Location: 1260 Kirkland Rd. Raleigh, NC 27603 919 / 848-9242 919 / 834-8888 FAX #: 919 / 834-8992	Greensboro Location: 7055 Albert Pick Rd. Greensboro, NC 27409 336 / 665-9099 877 / 665-9099 FAX#: 336 / 665-9199	Columbia Location: 700-A Buckner Rd. Columbia, SC 29203 803 / 714-0003 877 / 524-0003 FAX #: 803 / 714-9008	Richmond Location: 5424 Jefferson Davis Hwy. Richmond, VA 23234 804 / 275-9810 800 / 318-2250 FAX #: 804 / 275-9811	Knoxville Location: 5210 N. Middlebrook Pike Knoxville, TN 37921 865 / 330-6999 877 / 875-6999 FAX #: 865 / 330-7490
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Person to contact for payment: _____ Phone: (____) ____ - _____

Email Address: _____

Person completing application: _____

Personal Guarantee by Officer

I, _____, residing
(Name of Signer)

at _____ for and
(Street/City Address of Signer)

in consideration of Associated Scaffolding Company, Inc. (hereinafter referred to as "ASC") extending credit at my request to _____, (hereinafter referred to as the "Company"),
(Company Name)

of which I am _____, hereby personally guarantee to ASC the
(Title or Position)

payment at 1303 East Geer St., Durham, NC 27704 or P.O. Box 2129, Durham, NC 27702, of any organization of the Company and I hereby agree to bind myself to pay ASC on demand any sum which may become due to it by the Company, whenever the Company shall fail to pay the same. It is understood that this guarantee shall be continuing and irrevocable for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature: _____ (Seal) Date: _____

Print Name: _____ S.S. #: _____ - _____ - _____

Spouse's Signature: _____ (Seal) Date: _____

Print Name: _____ S.S. #: _____ - _____ - _____