



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

Durham Location:
1303 E. Geer St
Durham, NC 27704
919 / 226-3474
800 / 768-2655

Raleigh Location:
1260 Kirkland Rd.
Raleigh, NC 27603
919 / 848-9242
919 / 834-8888

Greensboro Location:
7055 Albert Pick Rd.
Greensboro, NC 27409
336 / 665-9099
877 / 665-9099

Columbia Location:
700-A Buckner Rd.
Columbia, SC 29203
803 / 714-0003
877 / 524-0003

Richmond Location:
5424 Jefferson Davis Hwy.
Richmond, VA 23234
804 / 275-9810
800 / 318-2250

Knoxville Location:
5210 N. Middlebrook Pike
Knoxville, TN 37921
865 / 330-6999
877 / 875-6999

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 Require Pay Apps? Yes _____ No _____ AIA? 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-judgment interest.

Date: _____

Signature: _____

Title: _____



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

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

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. #: _____ - _____ - _____