

CORPORATE OFFICE
P.O. Box 2129
Durham, NC 27702-2129
1-800-768-2655
Fax (919) 226-3423



SAIA SCAFFOLD & ACCESS
INDUSTRY ASSOCIATION



ASSOCIATED SCAFFOLDING™

MEMBER

Approved By: _____
 Date: _____ **CREDIT APPLICATION** Email to: credit@associated-scaffolding.com 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 _____

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 it's 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: _____

ASSOCIATED SCAFFOLDING COMPANY, INC.

Durham, NC 27704 1303 E. Geer Street (919) 682-2655 1-800-768-2655 Fax (919) 688-2476	Greensboro, NC 27409 7055 Albert Pick Rd. (336) 665-9099 1-800-768-2655 Fax (336) 665-9199	Columbia, SC 29203 700-A Buckner Road (803) 714-0003 1-800-768-2655 Fax (803) 714-9008	Charlotte, NC 28273 2401 Nevada Blvd. (704) 317-2030 1-800-768-2655 Fax (704) 486-5988	Richmond, VA 23223 2500 Glen Center St. (804) 275-9810 1-800-768-2655 Fax (804) 275-9811	Raleigh, NC 27604 2601 Noblin Road (919) 848-9242 1-800-768-2655 Fax (919) 834-8992	Knoxville, TN 37917 127 Chickamauga Avenue (865) 330-6999 1-800-768-2655 Fax (865) 330-7490
--	---	---	---	---	--	--

CORPORATE OFFICE
P.O. Box 2129
Durham, NC 27702-2129
1-800-768-2655
Fax (919) 226-3423



SAIA SCAFFOLD & ACCESS
INDUSTRY ASSOCIATION



MEMBER

ASSOCIATED SCAFFOLDING™

Personal Guarantee by Officer

Person to contact for payment: _____ Phone: (____) ____ - _____

Email Address: _____

Person Completing Application: _____

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 credit agreement hereby guaranteed.

Signature: _____ (Seal) Date: _____

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

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

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

ASSOCIATED SCAFFOLDING COMPANY, INC.

Durham, NC 27704 1303 E. Geer Street (919) 682-2655 1-800-768-2655 Fax (919) 688-2476	Greensboro, NC 27409 7055 Albert Pick Rd. (336) 665-9099 1-800-768-2655 Fax (336) 665-9199	Columbia, SC 29203 700-A Buckner Road (803) 714-0003 1-800-768-2655 Fax (803) 714-9008	Charlotte, NC 28273 2401 Nevada Blvd. (704) 317-2030 1-800-768-2655 Fax (704) 486-5988	Richmond, VA 23223 2500 Glen Center St. (804) 275-9810 1-800-768-2655 Fax (804) 275-9811	Raleigh, NC 27604 2601 Noblin Road (919) 848-9242 1-800-768-2655 Fax (919) 834-8992	Knoxville, TN 37917 127 Chickamauga Avenue (865) 330-6999 1-800-768-2655 Fax (865) 330-7490
--	---	---	---	---	--	--