

# TRIPLE G SCAFFOLD SERVICES CORP.

29 Accord Park Drive  
Norwell, MA 02061  
(781)681-9090 (781)878-9116 fax  
[www.triplegscaffold.com](http://www.triplegscaffold.com)

## Credit Application

Company Name: \_\_\_\_\_

P.O. Box \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax \_\_\_\_\_ F.I.D. # \_\_\_\_\_

**Type of Business:** ( ) Sole Proprietor ( ) Partnership ( ) Corporation Years in Business \_\_\_\_\_

Name(s) of Principal(s)	Complete Address	Zip Code	Telephone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Contact for Invoices & Billing Information: \_\_\_\_\_

Credit Limit Requested \_\_\_\_\_

Sales Tax Exempt # (if applicable) \_\_\_\_\_

Are Purchase Orders Required? ( ) Yes ( ) No Contact Person: \_\_\_\_\_

### Bank References

Bank Name	Account Number	Address	Telephone#	Fax #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

### Trade References

Name	Address	Telephone#	Fax#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I personally accept full responsibility for all sums due, and agree to the terms and conditions of invoices by the above named account.

Guarantor (Print Name) \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone # \_\_\_\_\_

I hereby grant permission to verify all credit information given on this application. I understand that all invoices are due within 30 days from invoice date. If Invoices go beyond the due date I agree to pay all service charges that accumulate as well as all collection charges and attorney(s) fees that may be necessary.

Date \_\_\_\_\_

Signed By \_\_\_\_\_

Title \_\_\_\_\_