

TRIPLE G SCAFFOLD SERVICES CORP.

29 Accord Park Drive
Norwell, MA 02061
(781)681-9090 (781)878-9116 fax
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 _____