

Central States Scaffolding LLC Credit Application

General Information

Company Name: _____ Office Phone: _____

Business Address: _____

Billing Address: _____ Federal ID Number: _____

Years in Business: _____

Bank Reference:

Name: _____

Address: _____

Phone Number: _____

Trade Reference:

Name: _____

Address: _____

Phone Number: _____

Name: _____

Address: _____

Phone Number: _____

I/We authorize Central States Scaffolding LLC and it's agents to make whatever credit inquiries it deems

necesarry in connection with this credit application.

I/We authorize and instruct any person, trade reference, bank, and consumer reporting agency to compile

and furnish to Central States Scaffolding LLC and its agents any information that they may have

or obtain in response to such credit inquires and agree such information, along with the

application shall remain Central States Scaffolding LLC property. By signing this credit application

applicant agrees to Central States Scaffolding LLC's selling terms of NET 30 days and understands

a 1-1/2% per month (18% APR) service fee may be charged if applicants account is past due. The

applicant is responsible to pay for any collections services, attorney fees, and court costs in order

to collect the past due amount.

Corporate Name: _____

Applicants Signature and Title: _____ **Date:** _____