

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 30 days from date of invoice 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.

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

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