

CREDIT APPLICATION

600 Center Ave Bensalem PA 19020

Phone 215-743-2200 Fax 215-423-0128

APPLICATION TERMS AND CONDITIONS

All accounts are COD until a credit application has been completed, reviewed, and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorney fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full

COMPANY INFORMATION									
Company Name	Company Contac	Company Contact							
Physical Address	<u>'</u>	City		State	ZIP				
Billing Address		City		State	ZIP				
Telephone			Fax						
Email Address				Purchas	se Order Required?	□No			

Billi Tele Ema ACCOUNTS PAYABLE INFORMATION A/P Contact A/P Phone A/P Fax A/P Email **GENERAL INFORMATION** Company Composition Federal Tax ID No ☐ Individual ☐ Partnership ☐ LLC ☐ Corporation ☐ Sub-Chapter S Corp Dun & Bradstreet (D&B) No. Credit Line Desired Title Phone & Extension Principle / Owner **Email** TRADE REFERENCES 1. Name email Address Telephone 2. Name email Address Telephone 3. Name email Address Telephone 4. Name email Address Telephone

	BANK	INF	DRMAT	ON								
Bank Name	Branch	Bank	Contact			Phone						
Bank Address	City		State	ZIP	Type	of account and Account Number						
Summer and the summer	City		State		.,,,,	or account and recount itamize.						
PERSONAL GUARANTEE												
I (We) hereby personally guarantee full payment to Superior Scaffold Services Inc of any debts that may be												
incurred by I (We) agree to immediately pay any such amounts in full when notified that												
a default situation exists.												
The undersigned individual who is a principal of the Applicant or a sole owner of the Applicant, recognizing that his												
or her individual credit history may be a factor in the evaluation of the credit history of the Applicant, hereby												
consents to and authorizes the use of credit reports on the undersigned and the Applicant by Superior Scaffold												
Services Inc. from time to time as may be needed in the evaluation process.												
Social Security Number:				Home Address:								
Signature of individual(S) guaranteeing credit				Date:								
APPROVED CREDIT AND PERFORMANCE AGGREEMENT												
Customer stipulates that all information provided is true and correct for Superior Scaffold Services Inc. to rely upon												
in order to provide credit and authorizes Superior Scaffold Services Inc. to obtain credit information from any third												
party												
Customer warrants that it is fully	capable of safel	v erect	ing, main	taining and o	lisma	ntling all the products it has						
previously or will purchase from Su	•	-		_		•						
trained to completely use all such p												
1		_										
literature or safety information is required and Superior Scaffold Services Inc agrees to furnish such materials. If customer requests training or engineering services, Superior Scaffold Services Inc. will provide these services for its												
usual charges.												
Customer hereby fully indemnifies and holds Superior Scaffold Services Inc. harmless from any costs, losses,												
claims, suits or liability from bodily injury, death or property damage related to the use, misuse or configuration of												
Superior Scaffold Services Inc. products in its possession. This indemnity extends to losses from any activity on or												
around the equipment, unless losses arise solely from Superior Scaffold Services' own negligence. Customer agrees												
to preserve the site of any such accident or misuse.												
Customer agrees to provide a current of insurance naming Superior Scaffold Services Inc. as additional insured												
with coverage, limits and conditions as specified by Superior Scaffold Services Inc. and to provide Superior at least												
60 days written notice before cancellation or material change in its insurance coverage												
The terms of this agreement are in addition to the provisions in Superior Scaffold Services Inc. Sales or Rental												
Agreements and supersede any clauses to the contrary, which may be in purchase orders or other documents												
Authorized Executive Signature				Date:								
Authorized Executive Signature				Date:								
Authorized Superior Scaffold Services Signature				Date								