



TRIPLE G SCAFFOLD SERVICES CORP.

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

Credit Application

Company Name: _____ Years in Business _____

P.O. Box _____ Street Address _____

City _____ State _____ Zip Code _____

Phone # _____ Fax _____ F.I.D. # _____

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) _____

Bank References

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

Trade References

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

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 _____ Sign By _____ Title _____