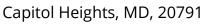


Phone Number:

LYNN LADDER & SCAFFOLDING CREDIT APPLICATION

P.O. Box 3568



 $\textbf{Email:} \ LynnSouth@LynnLadder.com$

LynnLadder.com

Lynn Ladder - Maryland

110 Ritchie Rd.
Capitol Heights, MD 20791
301-336-4700
800-492-0961
Fax: 301-336-4030

Lynn Ladder – Charlotte 3801 Corporation Cir.

704-391-3999 800-847-5395

Fax: 704-391-3339

Lynn Ladder – Myrtle Beach

4908 Highway 501 Myrtle Beach, SC 29579 843-349-1300 866-486-4441

Fax: 843-349-1304

The following infor	mation must be pro	ovided. It will be he	ld in the strictest confidence.				
Name of Firm or Individual: Years in Business:							
Physical Address:		Phone Number:					
City: State:		Zip:	Business Type:				
Billing Address (if	different):						
		Zip:	Federal Tax ID:/				
Accounts Payable	e Email:		DUNS#:				
Purchasing Agent: Accounts Payable Contact:							
Please Email Invoices to:							
OWNERSHIP: O Corporation	n O Partnershiր	o O Individual	O Incorporated within last year				
		Home Address	Home Phone Number				
1.							
2.							
3.							
-							
3.							
3. 4.							
3. 4. BANK INFORMAT							

The undersigned agrees should credit be extended to my company, or myself individually, payments are to be in accordance with invoices and shall be due to LYNN LADDER & SCAFFOLDING CO., INC and sent to PO Box 3568, Capitol Heights, MD, 20791. Past due amounts 30 days or over are subject to late charges of 1.5% per month (18% annum) from the date of the invoice. Should the services of any agency or attorney be necessary to collect amounts outstanding, I/We agree to pay all costs of such collection including attorney fees of one third of the amount owed. I/We waive the right to trial by jury. The terms and conditions of this credit application will be applicable to all future transactions between the parties hereto unless revoked in writing by the party making this application.

Signed	Title		
GUARANTEE: In consideration of the	acceptance of the above application	າ for credit,	
and who	se home address(es) is/are		
and			
and social security numbers(s) is/are guarantee(s) full performance and pa LADDER & SCAFFOLDING CO., INC. IA transactions between the parties her	ayment at all times by the above nar /We waive the right to trial by jury. T	med applicant of a This guarantee will	ll its obligations to LYNN
Signed	Date		-
Signed	Date	_//	-
	_	_	

TRADE REFERENCES

For trade references, we do not accept credit cards, landlords, or utilities. Please include complete address, phone, account numbers, and contact email or fax.

1	Name:	Account #:	Phone #:	
	Address:	City:	State:	ZIP:
	Fax or Email:			
2	Name:	Account #:	Phone #:	
	Address:	City:	State:	ZIP:
	Fax or Email:			
3	Name:	Account #:	Phone #:	
	Address:	City:	State:	ZIP:
	Fax or Email:			
4	Name:	Account #:	Phone #:	
	Address:	City:	State:	ZIP:
	Fax or Email:			

OFFICE USE ONLY		
Account #:	Limit:	