



LynnLadder.com

# LYNN LADDER & SCAFFOLDING CREDIT APPLICATION

P.O. Box 8096  
Lynn, MA 01904

Email: KaraD@LynnLadder.com

Phone Number: 781-598-6010 Fax: 781-593-7666



VanguardManufacturing.com

### Lynn Ladder - Lynn

20 Boston St.  
Lynn, MA 01904  
781-598-6010  
800-225-2510  
Fax: 781-593-2915

### Lynn Ladder - Springfield

162 Page Blvd.  
Springfield, MA 01104  
413-733-8899  
800-338-0303  
Fax: 413-739-5852

### Vanguard Manufacturing

90 Temple Rd.  
New Ipswich, NH 03071  
603-878-2083  
800-624-5000  
Fax: 603-878-3273

Date: \_\_\_ / \_\_\_ / \_\_\_

The following information must be provided. It will be held 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): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Federal Tax ID: \_\_\_ / \_\_\_

Accounts Payable Email: \_\_\_\_\_ DUNS#: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_

Please Email Invoices to: \_\_\_\_\_

### OWNERSHIP:

Corporation  Partnership  Individual  Incorporated within last year

	Name(s) of Principal(s)	Home Address	Home Phone Number
1.			
2.			
3.			
4.			

### BANK INFORMATION:

Bank Name:	
Street Address:	
City, State, ZIP:	
Phone Number:	

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 P.O. Box 8096, Lynn, MA 01904. 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 for credit, \_\_\_\_\_

and \_\_\_\_\_ whose home address(es) is/are \_\_\_\_\_

and \_\_\_\_\_

and social security numbers(s) is/are \_\_\_\_-\_\_\_\_-\_\_\_\_ and \_\_\_\_-\_\_\_\_-\_\_\_\_ hereby unconditionally personally guarantee(s) full performance and payment at all times by the above named applicant of all its obligations to LYNN LADDER & SCAFFOLDING CO., INC. I/We waive the right to trial by jury. This guarantee will be applicable to all future transactions between the parties hereto until revoked in writing by the guarantor(s).

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.

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

<b>OFFICE USE ONLY</b>	
Account #:	Limit: