



LYNN LADDER & SCAFFOLDING CREDIT APPLICATION

P.O. Box 3568
Capitol Heights, MD, 20791

Email: mspriggs@LynnLadder.com

Phone Number: 301-336-4700 Fax: 301-336-4030



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.
Charlotte, NC 28216
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

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 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 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.

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: