

APPLICATION FOR CREDIT

OFFICE USE ONLY

- Lynn Ladder & Scaffolding Co. Inc.
- Boston Ladder and Scaffolding Co.
- Vanguard Manufacturing, Inc.
P.O. Box 8096
Lynn, MA 01904

Account No. _____

Limit: _____

Telephone: 781-598-6010

Fax: 781-593-7666

The following information must be provided. It will be held in the strictest confidence.

Name of Firm or individual: _____ Years in Business: _____
Address: _____ Phone Number: _____
City: _____ State: _____ Zip: _____ Fax Number: _____
Type of Business: _____ DUNS#: _____
D & B Rating: _____ SIC#: _____
Purchasing Agent: _____ Accounts Payable Contact: _____

Corporation Partnership Individual Incorporated within last year

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

BANK

Bank Name:	
Street Address:	
City, State, Zip:	
Telephone #:	
Account #	

Guarantee: _____, whose home address is at _____, hereby unconditionally guarantees any purchase, rental, or lease of equipment from Lyn-Lad Group LTD. and any of its subsidiaries.

We certify that all of the information on this form is correct. We fully understand your credit terms of 1% 10, net 30 days unless otherwise stated, and we agree to the proper payment in consideration of an extended credit.

Signature: _____ Date: _____ Title: _____

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

TRADE REFERENCES

1.	Name:	Account#:	Telephone#:
	Address:	Fax#:	
2.	Name:	Account#:	Telephone#:
	Address:	Fax#:	
3.	Name:	Account#:	Telephone#:
	Address:	Fax#:	
4.	Name:	Account#:	Telephone#:
	Address:	Fax#:	
5.	Name:	Account#:	Telephone#:
	Address:	Fax#:	

PLEASE DO NOT WRITE IN THE SPACE BELOW

YEARS	HIGH	TERMS	
1.			
2.			
3.			
4.			
5.			
6.			
BANK:			

Approved By: _____
Rejected By: _____
Credit Limit: _____
Date: _____
Routed To: _____
Other: _____
