Chicago Scaffolding Inc.
4824 W. Lake St, Chicago, IL, 60644
Tel: 800 – 355 – 0099
Fax: 773 – 287 – 8788
www.chicagoscaffolding.com

CREDIT APPLICATION

Company Name: _____
Address: _____ **City**:_____
State: _____ **Zip**: _____ **Phone:** ( ) _____ **Fax:** ( ) _____
Owner's Name: _____ **Title:** _____

Driving License # ☐-☐☐☐-☐☐☐☐-☐☐☐☐ **Social Security #:** ☐☐☐-☐☐-☐☐☐☐

BUSINESS TYPE: ☐Sole Proprietorship ☐Partnership ☐Corporation-In State of_____
Years in business:_____ Sales Tax Exempt No._____

CREDIT CARD INFORMATION: Please Check: ☐VISA ☐MASTERCARD ☐AMEX ☐Discover

Credit Card Holder:_____ Credit Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Exp Date ☐☐-☐☐

Cardholders Signature: _____

**The above information is required in an event when payment is not received within five days after the payment is due.*

BANK REFERENCES:
Name of Bank:_____ Account No._____
Contact: _____ Phone No. ( ) _____

TRADE REFERENCES:

1. Company Name:_____
   Contact: _____ Title: _____
   Phone No. ( ) _____ Fax: ( ) _____

2. Company Name:_____
   Contact: _____ Title: _____
   Phone No. ( ) _____ Fax: ( ) _____

3. Company Name:_____
   Contact: _____ Title: _____
   Phone No. ( ) _____ Fax: ( ) _____

The above information is required for opening an account and to certify that the information provided is true and correct.

Signed: _____ Title: _____ Date:_____