



12423 Huffmeister Road
Cypress, Texas 77429
Toll free: 877-890-8490
Facsimile: 281-890-6150

Credit Application and Agreement

A. APPLICANT:

Legal Business Name:
(List all trade names, DBA, divisions and/or subsidiaries)

Street Address: City: State: Zip:

Mailing Address: City: State: Zip:

Phone: Fax: E-Mail:

Shipping Address:

Estimated Annual Sales: \$ Accounts Payable Contact:

Credit Requested: \$ Type of Business: Years in Business:

B. COMPANY INFORMATION:

Sole Proprietorship: SS#:

Partnership (Partner Name): SS#:

Partner: SS#:

Corporation/LLC President/ Member: SS#:

Vice President/Member: SS#:

Secretary/Member: SS#:

Treasurer/Member: SS#:

Federal Tax ID#: Sales Tax Exemption Certificate: YES NO
(If applicable) (If YES, attach a signed certificate or copy)

C. BANKING INFORMATION:

Bank Name: Branch:

Address: City: State: Zip:

Officer Contact: Phone:

Account Number: Type of Account:

Account Number: Type of Account:

I hereby authorize the bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

Signature Date

Printed Name Title



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D. **TRADE REFERENCES:** (Must list 3 references)

	Name	Address	Contact	Phone#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We authorize STVA Scaffold to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

CREDIT POLICY: Statements are rendered as of the first day of each month. C.O.D. restrictions may be placed on any past due account.

CREDIT TERMS: All invoices are due from the date of invoice per assigned credit terms.

VENUE: All amounts due for purchases from STVA Scaffold are payable to: P.O. Box 690725, Houston, Texas 77269-0725.

LATE FEES/COLLECTIONS COST: STVA Scaffold reserves the right to charge 1.5% interest per month on past due amounts and collect actual costs of collection, court costs, including attorney's fees whether or not litigated or prosecuted to final judgment.

CHANGE OF OWNERSHIP: I/We understand that we must notify STVA Scaffold, in writing and by certified mail, of any change in ownership, the name of the business or structure of the business under which credit has been established.

In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or court costs whether or not a suit is filed.

I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family or household purposes.

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH THE ABOVE TERMS:

Company Name: _____

By: _____ Title: _____

By: _____ Title: _____

CONSENT TO OBTAIN CREDIT REPORT

The undersigned individual, who is either a principal of the credit applicant, or a sole proprietorship of the credit applicant consents to and authorizes the use of a credit report on the business applying for credit, from time to time as may be needed, in the credit evaluation process.

Signature

Date

Printed Name

Title



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PERSONAL GUARANTEE

For valuable consideration, the receipt of which acknowledged, including but not limited to the extension of credit by STVA Scaffold to: _____ the undersigned, individually, jointly and severally, unconditionally guarantee(s) to pay STVA Scaffold the full and prompt payment by: _____, of all obligations which Guarantor presently or hereafter may have to STVA Scaffold and payment when due of all sums presently or hereafter owing by Guarantor to STVA Scaffold. Guarantor agrees to indemnify STVA Scaffold against any losses STVA Scaffold may sustain and expenses STVA Scaffold may incur as a result of any failure of Guarantor to perform including reasonable attorney’s fees and all costs and other expenses incurred in collecting or compromising and indebtedness of debtor guaranteed hereunder or in enforcing this guarantee against the guarantor. This shall be a continuing Guaranty, Diligence, Demand, Protest or notice of any kind waived. It shall remain in full force until guarantor delivers to STVA Scaffold written notice revoking it as to indebtedness incurred subsequent to such delivery. Such delivery shall not affect any of the guarantor’s obligations hereunder with respect to indebtedness heretofore incurred.

The undersigned personal guarantor, recognizing that his/her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by the above named business credit guarantor, from time to time as may be needed, in the credit evaluation process.

_____	_____
Signature	Date
_____	_____
Printed Name	Title
_____	_____
Signature	Date
_____	_____
Printed Name	Title
_____	_____
Witness	Date





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The following Information is needed by the STVA Scaffold Credit Department:

1. Is there a parent company? -YES -NO

2. If yes, please provide the following:
 - a. Complete legal name: _____
 - b. Physical address: _____
 - c. Mailing address: _____
 - d. Telephone number: _____ Fax: _____
 - e. President's name: _____

3. Where will checks be issued from?
 - a. Company name: _____
 - b. Physical address: _____
 - c. Telephone number: _____ Fax: _____
 - d. Contact person: _____

4. Do you wish the credit report to be run on the division or parent company? -Division -Parent Company

Thank you for your cooperation in completing this application, we are looking forward to developing and maintaining a long-lasting business relationship!

STVA Scaffold