



**Customer Contact Information**

For OFFICE USE

Customer Account # \_\_\_\_\_

**GENERAL INFORMATION**

Company Name	
Physical Address	
Phone #	
FAX #	
Email	

**ACCOUNTS PAYABLE INFORMATION**

Accounts Payable Contact:	
Billing Address	
Phone #	
Fax #	
Email	

**ADDITIONAL CONTACT INFORMATION**

Name	
Title	
Phone #	
Email:	
Contractor's License #	
Business Structure	Sole Proprietorship      Partnership      Corporation      Other

**PERSONAL GUARANTEE**

We certify that all the information on this form is true and correct and agree to pay for all goods purchased in compliance with the terms of the seller. We fully understand that unless otherwise agreed to in writing, your credit terms are Credit Card and agree to pay in full within those terms. In consideration of any goods, materials and service of labor provided to applicant on an open account or otherwise by Rolls Scaffolding, Inc., the undersigned personally will guarantee Rolls Scaffolding, Inc. the extent of, and not exceeding at any one time, the amount due, together with interest thereon and cost of collection thereof, including reasonable attorney fees, court costs and returned check charges.

**SIGNATURES**

<b>Printed Name and Title</b>
<b>Signature</b>
<b>Date</b>