



CORPORATE: P.O. BOX 2885
 HOUSTON, TX 77252-2885
CREDIT DEPT. FAX (713) 869-6541
 AND AFFILIATED COMPANIES HEREINAFTER
 REFERRED TO AS BETCO SCAFFOLDS

OFFICE USE ONLY

DATE REC'D	BRANCH
REVIEWED BY	DATE <input type="checkbox"/> YES <input type="checkbox"/> NO
NACM	YR. ESTAB
DATE ADVISED	<input type="checkbox"/> BRANCH <input type="checkbox"/> APPLICANT
CUST. NO	FLAG
COMMENTS	
SALES NUMBER	

CHECK THE BRANCH THAT WILL PROCESS YOUR ORDERS

- | | | |
|---|--------------------------|----------------|
| <input type="checkbox"/> 1617 ENID ST. | HOUSTON, TEXAS 77009 | (713) 869-3491 |
| <input type="checkbox"/> 2535 WEST CARDINAL DR. | BEAUMONT, TEXAS 77705 | (409) 842-6393 |
| <input type="checkbox"/> 4336 DIRECTOR DR. | SAN ANTONIO, TEXAS 78219 | (210) 333-4405 |
| <input type="checkbox"/> 205 W. HURST BLVD. | HURST, TEXAS 76053 | (817) 571-2477 |

CREDIT APPLICATION

NAME OF BUSINESS (PLEASE TYPE OR PRINT)			PHONE ()	FAX ()
			EMAIL	
MAILING ADDRESS			STREET ADDRESS	
CITY	STATE	ZIP	CITY	STATE ZIP
CHECK ONE				
MO/YR	BUSINESS ESTABLISHED	<input type="checkbox"/> A _____ CORPORATION <input type="checkbox"/> PUBLIC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PRIVATE <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> NON BUSINESS USE		DBA/TRADESTYLE NAME:
TYPE OF BUSINESS		<input type="checkbox"/> BRANCH <input type="checkbox"/> DIVISION <input type="checkbox"/> SUBSIDIARY OF:		
<input type="checkbox"/> GENERAL CONTRACTOR <input type="checkbox"/> SUB CONTRACTOR <input type="checkbox"/> JOB # REQUIRED <input type="checkbox"/> PO REQUIRED				

COMPLETE IF CORPORATION		COMPLETE IF PROPRIETOR OR NON BUSINESS USE	
NAME OF MAJOR STOCKHOLDER	% OWNED	YOUR NAME	
NAME OF PRESIDENT		SPOUSE'S NAME	
EMAIL		EMAIL	
NAME OF FINANCIAL OFFICER		HOME STREET ADDRESS	
		CITY/STATE	ZIP PHONE
COMPLETE IF PARTNERSHIP			
(1) NAME OF GENERAL PARTNER	SOC. SEC.#	HOW LONG AT ABOVE ADDRESS	<input type="checkbox"/> OWN <input type="checkbox"/> RENT
NAME STREET ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT	SPOUSE'S SS..#	SOCIAL SEC #	DRIVERS LICENSE #
CITY/STATE ZIP	PHONE	NAME OF NEAREST RELATIVE	RELATIONSHIP
(2) NAME OF GENERAL PARTNER	SOC. SEC.#	CITY/STATE	ZIP PHONE
HOME STREET ADDRESS <input type="checkbox"/> OWN <input type="checkbox"/> RENT	SPOUSE'S SS..#	YOUR EMPLOYER (IF NON BUSINESS)	
CITY/STATE ZIP	PHONE	CITY/STATE	EMPLOYER'S PHONE
(3) USE ADDITIONAL PAPER IF NEEDED		HIRE DATE	POSITION

NAME OF PERSON SUPPLYING CREDIT INFORMATION	POSITION	NAME OF A/P CONTACT	PHONE
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CREDIT REFERENCES

Applicant's Name _____

NAME OF BANK	BRANCH	NAME OF BANK	BRANCH
CITY	STATE	PHONE ()	CITY
LOAN OFFICER	ACCOUNT NO.	LOAN OFFICER	ACCOUNT NO.

Credit References

NAME	ACCOUNT NO.	CITY	STATE	PHONE ()	
				EMAIL	
NAME	ACCOUNT NO.	CITY	STATE	PHONE ()	
				EMAIL	
NAME	ACCOUNT NO.	CITY	STATE	PHONE ()	
				EMAIL	

FOR CREDIT DEPARTMENT USE

Bank Report

CHECKING:	LOAN:	LOAN:
OPENED	DATE	DATE
	MATURITY DATE	MATURITY DATE
AVG. BAL	HIGH	HIGH
CURR. BAL	SECURED	SECURED
NSF CHECKS	BALANCE OWED	BALANCE OWED
	PYMT. HISTORY	PYMT. HISTORY

Credit Reports

DATE OPENED	LAST SALE	HIGH CREDIT	PRESENT BALANCE	PAST DUE	TERMS	PAYING HISTORY
1.						
2.						
3.						
comments						



TERMS & CONDITIONS

USE OF EQUIPMENT:

- Use of scaffolding incurs danger. A copy of the code of safe practices is available upon request. Sale or rental of scaffolding is made upon the assumption that the customer is experienced in the use of scaffolding.

MAINTENANCE & INSPECTION OF LEASED EQUIPMENT:

- Lessee acknowledges responsibility for the care of leased scaffolding until it is returned.

DELIVERY & PICKUP:

- Restrictions on signature authority for delivery or pickup of leased scaffolding must be made in writing by lessee at time order is placed.
- Restrictions on signature authority for delivery or pickup of leased scaffolding must be made in writing by lessee at time order are placed.
- An authorized agent of your company must sign for deliveries and returns. We DO NOT DELIVER OR PICKUP WITHOUT SIGNATURES.
- Requests for pickup are documented by number. The number us your proof of requesting pickup.
- For your protection, be sure each item is COUNTED and LISTED on the delivery ticket and on the return ticket.
- Do NOT leave the equipment with someone else to return. YOU are responsible for the equipment until it is released to our representative.

RENTAL & SHORTAGES:

- You are responsible for the payment of rental and the care of the leased equipment until it is returned to the lessor or it is picked up by the lessor.
- You are responsible for carrying insurance against loss, theft or damage of any material, equipment and/or scaffolding.

PURCHASE ORDER/JOB IDENTIFICATION:

- Purchase order and/or job identification should be given when the order is placed and WHEN THE EQUIPMENT IS RETURNED.

MINIMUM CHARGES:

- A minimum of 1 month (28 day rental period) rental charge for each delivery order.
- A minimum rental charge on any one order is \$10 per month

PAYMENT TERMS:

- Net 30 days from date of invoice. Credit privileges will be restricted or withdrawn if account is past due.

I (we) understand that the information furnished you on this application is for the purpose of obtaining credit from your firm, that I am (we are) authorized in my (our) capacity, to bind my (our) firm accordingly, that I (we) have read and received a copy of your Terms & Conditions, that all accounts or monies due you shall be due and payable at P.O. Box 2885, Houston, Harris County, Texas 77252-2885. If it becomes necessary to enforce payment of any sums due through legal proceedings, I we and each of us, jointly and severally, agree to pay reasonable attorney fees and interest as allowed by law.

I AUTHORIZE RELEASE OF INFORMATION REGARDING OUR ACCOUNTS FOR THE PURPOSE OF OBTAINING CREDIT FROM BETCO SCAFFOLD.

THIS AGREEMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF TEXAS. ANY AND ALL FUTURE AGREEMENTS SHALL ALSO BE GOVERNED BY THE LAWS OF THE STATE OF TEXAS.

_____ NAME OF BUSINESS		
_____ AUTHORIZED SIGNATURE	_____ TITLE	_____ DATE
_____ PLEASE PRINT NAME		_____ DATE

IN CONSIDERATION OF BETCO SCAFFOLD extending credit to the above applicant, whether individually, partnership, or corporation, the undersigned, I, we, and each of us do hereby individually and personally guarantee BETCO SCAFFOLD or their assigns the payment of such sum or sums of money now due or as may at any time hereafter become due to BETCO SCAFFOLD from the said applicant for goods, wares, merchandise and services sold/rented to the applicant.

It is agreed that all payments are due and payable at P.O. Box 2885, Houston, Harris County, Texas 77252-2885. IF IT BECOMES NECESSARY TO ENFORCE this guarantee by suit, I, we and each of us jointly and severally, agree to pay interest and attorney fees as allowed by law.

_____ SIGNATURE	_____ INDIVIDUALLY/NO TITLE	_____ DATE
_____ PLEASE PRINT NAME		_____ DATE

RETURN TO: Credit Dept.
FAX TO:713-869-6541

yolanda.stewart@scaffold.com

JOB WORKSHEET

CUSTOMER INFORMATION:

ACCOUNT#		BETCO JOB NUMBER(S)	
CUSTOMER NAME:			

JOB SITE INFORMATION: (MUST BE FULLY COMPLETED)

JOB NAME:		CUSTOMER JOB OR	
STREET ADDRESS:		PHONE NUMBER	
CITY, STATE, ZIP:		CONTACT NAME	

ON THIS JOB CUSTOMER IS: (MARK ONE)

<input type="checkbox"/>	OWNER OF CONSTRUCTION PRO	<input type="checkbox"/>	GENERAL CONTRACTOR
<input type="checkbox"/>	SUBCONTRACTOR	<input type="checkbox"/>	SUB OF SUBCONTRACTOR

CHAIN OF CONTRACT INFORMATION

OWNER:

NAME:			
ADDRESS:			
CITY,STATE,ZIP:			
CONTACT NAME:		PHONE NUMBER:	

GENERAL CONTRACTOR

NAME:			
ADDRESS:			
CITY,STATE,ZIP:			
CONTACT NAME:		PHONE NUMBER:	

SUBCONTRACTOR

NAME:			
ADDRESS:			
CITY,STATE,ZIP:			
CONTACT NAME:		PHONE NUMBER:	

SUB-SUBCONTRACTOR

NAME:			
ADDRESS:			
CITY,STATE,ZIP:			
CONTACT NAME:		PHONE NUMBER:	

SURETY COMPANY (IF JOB IS FOR A SCHOOL DISTRICT, CITY, COUNTY, STATE OR FEDERAL AGENCY A SURETY COMPANY MUST BE LISTED)

NAME:			
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ADDRESS:			
CITY, STATE, ZIP:			
CONTACT NAME:		PHONE NUMBER:	
CLAIM NUMBER:			
BOND NUMBER:			

PREPARED BY	DATE	JOB START DATE	JOD END DATE