

# CREDIT APPLICATION



## COMPANY INFORMATION:

Trade Name:		Contractor's License #:	
Website:		Email:	
Street Address:		Phone:	
City, State, Zip:		Fax:	
Billing Address:		Accts. Payable Contact & Email:	
Type of Business:		Safety Contact & Email:	
Billing Cut Off Date (if applicable)		P.O. Required?	In Business Since:
Bank:	Contact Name:	Phone Number:	Account Number:

## OWNER/OFFICER

Owner(s):	Title:
Federal ID, Driver's License or Social Security Number:	Phone:

## TRADE REFERENCES

• Company Name:		Fax Number:
Address:	City, State, Zip:	Phone Number:
• Company Name:		Fax Number:
Address:	City, State, Zip:	Phone Number:
• Company Name:		Fax Number:
Address:	City, State, Zip:	Phone Number:

**PLEASE FAX COMPLETED CREDIT APPLICATION TO 916.391.1465**

Skyline Scaffold, Inc. 3131 52<sup>nd</sup> Avenue Sacramento, Ca. 95823 916.391.8929  
Contractor's License #858633