

Butler Scaffolding Rentals & Sales Ltd.

CREDIT AND CUSTOMER INFORMATION FORM

Business Name: _____ (full legal name)		
Mailing Address: _____ _____ _____		
City/Town: _____	Province: _____	Postal Code: _____
Telephone: _____	Fax: _____	Number of years in business: _____
SHIPPING ADDRESS IF DIFFERENT THAN ABOVE		
Shipping Address: _____ _____ _____		
City/Town: _____	Province: _____	Postal Code: _____
NAMES OF OFFICER(S) AND/OR OWNER(S)		
Name: _____	Title: _____	

Banking Reference: _____		
Address: _____ _____ _____		
Telephone: _____	Fax: _____	Contact: _____
PRINCIPAL SUPPLIERS (reference)		

Accounting Contact: _____	Title: _____	
Telephone: _____	Extension: _____	

The undersigned agrees that usual credit inquiries may be made at any time in connection with credit applied for and consents to the disclosure of such information.

Terms: NET 30 DAYS

Butler Scaffolding Rentals & Rentool
5543 Bilby Street, Halifax, NS, Canada, B3K 1V4

FAX: 455-2251

Authorized: _____

Title: _____

Date: _____