

Trussco, Inc.
PO Box 839
North Kingstown, RI 02852
Phone: (401) 295-0669 Fax: (401) 295-5760

ROOF TRUSS/ FLOOR TRUSS/ SPACE JOISTS/LVL BEAMS/ WOOD I-JOISTS

CONFIDENTIAL CREDIT APPLICATION

Note: All Sections of this form must be completed in full.

COMPANY INFORMATION

Company Name _____ Tax ID# _____

Billing Address _____ Contact _____

City _____ State _____ Zip _____

Years in Business _____ Phone _____ Fax _____

Bank _____ Officer _____

Account # _____ Phone _____

OWNER INFORMATION (Must be completed for all partnerships and sole proprietorship and corporations in business less than three years.) Corporation () Partnership () Sole Proprietorship ()

Owner's Full Name _____

Owner's Address _____

City _____ State _____ Zip _____

Owner's Social Security Number _____

Partner's Full Name (If Partnership) _____

Partner's Address _____

City _____ State _____ Zip _____

Partner's Social Security Number _____

TRADE REFERENCES

1. _____

(Name & Address)

Phone _____ Fax _____

2. _____

(Name & Address)

Phone _____ Fax _____

3. _____

(Name & Address)

Phone _____ Fax _____

I acknowledge the terms offered by Trussco, Inc. are Net 30 days from the date of Invoice. I agree to pay interest at a rate of 1 1/2% per month for all invoices past due and all reasonable costs of collection, including attorney's fees in the event of my failure to pay. In consideration of the receipt of services by said firm, (I) (we) the undersigned do hereby jointly and severally guarantee the payment by said firm. This is your authority to charge 1 1/2 % per month (18% per annum) on all past-due amounts. The below signature (S) also grant (S) the right to check any factors pertinent to a fair evaluation of establishing credit.

Authorized signature _____ Title _____ Date _____

Authorized signature _____ Title _____ Date _____