



12423 Huffmeister
 Cypress, TX 77429
 Phone: 281-890-8490 Credit Dept.
 Fax : 281-890-6150 Phone: 281-469-2220
 Toll Free: 877-239-7882 Fax: 281-469-9728

CREDIT APPLICATION AND AGREEMENT

A. APPLICANT:

Legal Business Name: _____ Date: _____
 (List all Trade Names, DBA's, Divisions or Subsidiaries)

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Ship to Address: _____

Estimated Annual Sales: _____ Accounts Payable Contact: _____

Credit Requested: \$ _____ Type of Business: _____ Years in Business: _____

Estimated amount of first order: \$ _____

B. BUSINESS INFORMATION:

Sole Proprietorship: _____

Partnership (Partner Names): _____

Partner: _____

Corporation/LLC President/Member: _____

Vice President/Member: _____

Secretary/Member: _____

Treasurer/Member: _____

Fed Tax ID (if applicable): _____ Sales Tax Exemption Certificate ___ Yes ___ No
 (IF YES INCLUDE A FAX COPY BUT MAIL US AN ORIGINAL SIGNED CERTIFICATE)

State of Incorporation and Year: _____

C. BANKING INFORMATION:

Bank: _____ Branch: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Officer Contact: _____ Acct. No.: _____ Type of Acct: _____

Acct. No.: _____ Type of Acct.: _____

I hereby authorize the bank named above to release information requested for the purpose of obtaining and/or reviewing credit.

D. TRADE REFERENCES: (Must list three references)

Company's Name: Phone No. Fax No. (Must Include)

- 1. _____
- 2. _____
- 3. _____

E. LOCATION OF COLLATERAL UNTIL PAYMENT:

I agree that I will provide the following information within 10 days of written request:

- a. Physical address where the products purchased will be located (including street address, city, state and zip code);
- b. Name of the owner of the property where product is located;
- c. General contractor's name, address and telephone number; and
- d. Name, address and telephone number of the subcontractor, if any, using the product at the time of the request.

Failure to timely provide the information will constitute a default on your part.

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We authorize STVA Scaffold to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

CREDIT POLICY: C.O.D. or Credit Card restrictions may be placed on any past due account.

CREDIT TERMS: All invoices are due from date of invoice per assigned credit terms.

VENUE: All amounts due for purchases from STVA Scaffold are payable at 12423 Huffmeister, Cypress, TX 77429. If credit is extended, it is stipulated and agreed that performance shall be in Houston, Harris County, Texas.

LATE FEES/COLLECTION COST: STVA Scaffold reserves the right-to-charge 1.5% interest per month on past due amounts, and collect actual costs of collection, including court cost and attorney's fees whether or not litigated or prosecuted to final judgment.

CHANGE OF OWNERSHIP: I/We understand that we must notify STVA Scaffold in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established. In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney's fees, and/or costs of collection whether or not suit is filed.

I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family or household purposes.

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS.

AN OFFICER OR CONTROLLER OF THE COMPANY MUST SIGN AGREEMENT:

Firm Name: _____

By: _____ Printed Name: _____ Title: _____ Date: _____

CONSENT TO OBTAIN CREDIT REPORT

The undersigned individual, who is either a principal or a controller of the credit applicant, consents to and authorizes the use of a credit report on the business applying for credit, from time to time as may be needed, in the credit evaluation process.

Signed Name	Printed Name	Title
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Date: _____

COMPANY FINANCIAL INFORMATION

Fiscal Year Ended: _____

Current Assets: \$ _____

Current Liabilities: \$ _____

Other Assets: \$ _____

Net Worth: \$ _____

Sales: \$ _____

Long Term Liabilities: \$ _____

Net Profit (Loss): \$ _____

I hereby affirm that the aforementioned financial information is true and correct.

By: _____ Printed Name: _____ Date: _____

PERSONAL GUARANTEE

For valuable consideration, the receipt of which is acknowledged, including but not limited to the extension of credit by STVA Scaffold to _____ the undersigned, individually, jointly and severally, absolutely and unconditionally guarantee(s) to STVA Scaffold, which shall include its affiliates and subsidiaries, the full, complete, faithful and prompt payment by _____ of all obligations which Guarantor presently or hereafter may have to STVA Scaffold, and payment when due of all sums presently or hereafter owing by Guarantor to STVA Scaffold. Guarantor agrees to indemnify STVA Scaffold against any losses it may sustain and expenses STVA Scaffold may incur as a result of any failure of Guarantor to perform including reasonable attorney's fees and all costs and other expenses incurred in collecting or compromising any indebtedness of debtor guaranteed hereunder or in enforcing this guaranty against guarantor. This shall be a continuing Guaranty Diligence, Demand, Protest or notice of any kind is waived. It shall remain in full force until guarantor delivers to STVA Scaffold written notice revoking it as to future indebtedness incurred after such delivery. Such delivery shall not affect any of guarantors' obligations hereunder with respect to indebtedness incurred prior to STVA Scaffold receiving notice. The guaranty is a continuing guaranty and shall remain in full force and effect until the later of (1) the performance or payment in full of the guaranteed obligations, and (2) the termination of all continuing obligations and commitments of obligor.

Guarantor agrees to be bound by all terms described herein or any amendments hereto made in the future and waives actual notice of said amendments. Amendments to the terms of this agreement, assignment of this agreement or extensions of the time of performance shall not release any undersigned Guarantor unless STVA Scaffold specifically and agrees in writing to the release of Guarantor.

In the event of termination for default, or in the event of failure, insolvency, default, bankruptcy, appointment of receiver or other liquidation of the principal obligor, the guaranty herein shall become absolute. The Guarantor waives notice of default on the part of obligor. Guarantor shall be responsible for all costs or expenses incurred by STVA Scaffold in enforcing this guaranty.

The Guarantor stipulates and agrees that this agreement is performable in Houston, Harris County, Texas. The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guarantee, hereby **CONSENTS TO AND AUTHORIZES THE USE OF A CONSUMER CREDIT REPORT** on the undersigned, by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

In Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington State, and Wisconsin, Guarantor and Spouse shall each sign below:

Guarantor: Signed Name	Printed Name	Title	Date
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Complete Home Address	Social Security Number
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Guarantor: Signed Name	Printed Name	Title	Date
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Complete Home Address	Social Security Number
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The following information is needed by the STVA Scaffold Credit Department

1. Is there a parent company? – YES – NO

2. If yes, please provide the following:

a. Complete legal name: _____

b. Physical address: _____

c. Mailing address: _____

d. Telephone number: _____

e. President's name: _____

3. Where will checks be issued from?

a. Company name: _____

b. Physical address: _____

c. Telephone number: _____

d. Contact person: _____

e. Do you wish the credit report to be run on the division or parent company?

- Division - Parent Company

Thank you for your cooperation in completing this application, we are looking forward to developing and maintaining a long lasting business relationship.

STVA Scaffold

www.STVAonline.com

Confidential

2/16/2010