



Credit Account Application

Sales Information

| | | | |
|----------------|--|----------------|--|
| Sales Rep Name | | Sales Force ID | |
|----------------|--|----------------|--|

Company Information

| | | | |
|---|--|---------------------|--|
| *Business Name | | *Tax ID | |
| *Physical Address - Please provide billing address if different | | | |
| *City | | *State/Province | |
| | | *Zip/Postal | |
| | | Country | |
| *Billing Address | | | |
| *City | | *State/Province | |
| | | *Zip/Postal | |
| | | Country | |
| *Type of Business | | Owner Name | |
| Owner Phone Number | | Owner Email Address | |
| Parent Company | | Owner Name | |

Reference Information - Trade or Bank

| | | | |
|--------------------------|--|------------------------|--|
| Reference Name | | Reference Type | |
| Reference Account Number | | Reference Account Type | |
| Contact Name | | Phone Number | |
| | | Contact Email | |
| Reference Name | | Reference Type | |
| Reference Account Number | | Reference Account Type | |
| Contact Name | | Phone Number | |
| | | Contact Email | |

Billing Information

| | | | |
|---------------------------|--|---|--|
| *Accounts Payable Contact | | *A/P Phone Number | |
| *A/P Email Address | | Do you want your invoices emailed to you? If so, please enter email address below. | |
| Email Address | | Re-enter Email Address | |
| *PO Required? (Y/N) | | *Tax Exempt? If yes, please email Tax Exemption Certificate to credit@willscot.com | |

Terms and Conditions

The entered information is represented to be true and correct and is provided to Williams Scotsman, Inc. (the "Company") in order to extend credit to the Applicant. The Company is hereby authorized to contact and make appropriate inquiry from available sources, references and banks listed above. It is understood that any information provided or obtained as a result of this Application For Credit will be kept confidential and will be used only to evaluate the Applicant's credit worthiness. The Applicant agrees to pay any and all accounts according to the terms as listed on the invoice or contract. In the event no terms are listed then the Applicant agrees to pay the account or charges within 10 days of presentation of any invoice or billing. It is further understood and agreed that if amounts owed are not paid when due that the Applicant will pay all of sellers costs of collection, reasonable attorney fees, court costs or late charges called for in the contract or allowed by law. It is agreed that in the event of litigation that the venue will remain in Maricopa County Arizona.

| | | | | | |
|--|--|--------|--|-------|--|
| *Signature of Applicant | | *Title | | *Date | |
| *I agree to the terms and conditions specified above | | | | | |