

37-20 12th Street
Long Island City, NY 11101
Phone: [REDACTED]
Fax: [REDACTED]

York Scaffold Equipment Corp.

Fax

To:	Richard Barnett / NES	From:	Michael Nash
Fax:	N/A	Date:	May 9, 2013
Phone:	[REDACTED]	Pages:	04
Re:	9 East 71 st Street, NYC	E-Mail:	[REDACTED]

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Comments:

Please see the attached proposal for the above mentioned jobsite. The original will be forwarded via mail.

Kindly note that we do need the proposal signed and returned to my attention prior to the start of the job.

For your convenience, I have also attached a credit application. Please fill out all requested information and return along with signed proposal.

We look forward to working with you on the project and if you should have any questions, please contact me directly.

Once again, thanks for calling YORK.

With kind regards,

Michael

YORK SCAFFOLD EQUIPMENT CORPORATION
37-20 Twelfth Street, Long Island City, New York 11101
Phone # [REDACTED] Fax # [REDACTED]

SCAFFOLD PROPOSAL

CUSTOMER NAME: NES LLC

BILLING ADDRESS: 9 East 71st Street Fax: N/A
New York, NY 10021 Phone: [REDACTED]
Cell: [REDACTED]

JOBSITE ADDRESS: 9 East 71st Street

New York, NY 10021

JOB CONTACT: Richard Barnett

E-MAIL: [REDACTED]

We respectfully submit our proposal to furnish, erect and dismantle scaffolding as follows:

- Scaffold in the Dining Room on Ground Floor:
26 ft. X 20 ft. X 8 ft. high with work platform on top and access via internal stairs.

Rental charges will begin after 56 days (2 - 28 day months).

Cost of the Above	\$14,800.00 plus 853.78 tax
Rental each additional 28 days	715.00 plus 63.46 tax

This Proposal Includes:

- All work to be done during normal working hours, Monday thru Friday. Holidays excluded.

This Proposal Excludes:

- Permits.
- Engineering.

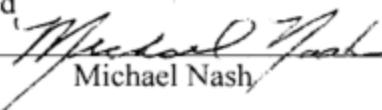
General Note:

1. This proposal does not include cost or responsibility for filing, testing or abating lead, asbestos or other environmental contaminates.

Richard Barnett
NES LLC

Jobsite: 9 East 71st Street
New York, NY 10021

This quotation includes standard General Liability and Worker's Compensation Insurance and permit where required. It does not include the following: Engineering or drawings if desired by others, permit renewal, Shoring not specified above; vandal damage. Work to be completed in workmanlike manner according to standard practices. Alterations from the above specification will be executed only upon written orders. All work to be done during regular working hours Monday thru Friday. These orders will then be considered approval for further billing. **YORK is not responsible for delays due to strikes, accidents, weather, or other causes beyond our control.** We do not accept responsibility for any unauthorized entry onto the scaffolding nor the results of such entry. A 2% service charge per month is applicable on all past due invoices. The customer is responsible for all collection and legal fees.

Authorized
Signature  Title Sales Representative Date May 9, 2013
Michael Nash

ACCEPTANCE OF PROPOSAL: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work. Payment will be Net 30 Days. Terms of payment pending credit approval. Deposit 20%. Proposal valid for 60 days.

Accepted by
COMPANY _____ Date _____

Authorized
Signature _____ Title _____

YORK SCAFFOLD EQUIPMENT CORP.
37-20 12th Street, Long Island City, New York 11101
Phone # [REDACTED] Fax # [REDACTED]

BUSINESS APPLICATION FOR CREDIT

Firm Name:	Date:	
Mailing Address:		
City:	State:	Zip Code:
Tax ID #:	Date Founded:	
Phone:	Fax:	

Form of Business:

Corporation **Partnership** **Proprietorship**

Name of C.E.O.:	E-mail Address:
Name of Manager:	E-mail Address:
Name of Authorized Buyer:	E-mail Address:
Name of Accounts Payable:	E-mail Address:

List of name(s) of owner(s) (or authorized officers for corporation and titles) and home address, phone and Social Security Number if proprietorship, partnership or closely held corporation.

1.
2.
3.
4.

Trade References:

Name:	
Phone:	Fax:
Address:	

Name:	
Phone:	Fax:
Address:	

Name:	
Phone:	Fax:
Address:	

Bank References:

Name:	Contact:
Phone:	Fax:
Address:	
Account Number:	

IMPORTANT: All payments are due net 30 days from date on invoice. Discounts allowed only as stated on invoices. A service charge of 2% monthly may be assessed on any previous balance less payments and credit applied on or before statement date. Customer is responsible for collection and legal fees. Applicant's signature attests to financial responsibility, ability and willingness to pay our invoices. The above information is for the purpose of obtaining credit and is warranted to be true. I hereby authorize this firm to whom this application is made, to investigate the references listed pertaining to our credit and financial responsibility. All information obtained will be kept strictly confidential.

By: _____ Title: _____ Date: _____