



**CREDIT APPLICATION**

**BUSINESS CONTACT INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Registered company address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Date business commenced: \_\_\_\_\_  
Sole proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_

**BUSINESS AND CREDIT INFORMATION**

Primary business address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
How long at current address? \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Bank name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Savings Account # \_\_\_\_\_ Checking Account # \_\_\_\_\_  
Credit Card: (Visa/MC/AMex) Account # \_\_\_\_\_ exp: \_\_\_\_\_

**BUSINESS/TRADE REFERENCES**

(1) Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Type of account: \_\_\_\_\_  
(2) Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Type of account: \_\_\_\_\_  
(3) Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Type of account: \_\_\_\_\_

**AGREEMENT**

1. Terms must be determined prior to delivering equipment. 2. Pre-payment may be required depending on credit research. 3. All invoices are to be paid 15 - 30 days from the date of the invoice. 4. Claims arising from invoices must be made within seven working days. 5. By submitting this application, you authorize SW&R, Inc. to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_