



CREDIT APPLICATION

Company Information

Company Name			
Mailing Address:	City:	State:	Zip:
Contact info:	Tel.:	Fax.:	e-mail:
Billing address	City:	State:	Zip:
	Tel.:	Fax.:	e-mail:
Acct payable contact	Name:	Tel.:	Fax: e-mail:

Type of business	Sole Proprietorship: <input type="checkbox"/>	
	Corporation: <input type="checkbox"/> Partnership: <input type="checkbox"/>	
Years in business	D&B number:	

Trade References – Please fill out, or attach your own list of 4 trade references minimum.

Name	Address	Tel. And Contact name

Our Credit terms are net 10. We appreciate your prompt payment. Late payment may result in your account being placed on credit hold and shipments being delayed. If you have any problems with your invoices, please call us immediately.

Please attach a copy of your tax exempt or resale certificate.

Form completed by :

Name: \_\_\_\_\_

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

Requested Credit Limit: \_\_\_\_\_

Estimated Annual Sales: \_\_\_\_\_

\_\_\_\_\_ For office use Only \_\_\_\_\_

Approved: \_\_\_\_\_ By: \_\_\_\_\_

Date: \_\_\_\_\_



**Bank Information**

Bank Name	
Address	
Tel.	
Contact	
Checking Account #	

Our company, \_\_\_\_\_, and phone Number \_\_\_\_\_, hereby authorizes our bank to release credit information on our accounts to Swiftech, Inc. We are trying to establish credit. Please provide them with the complete information and sent it back directly to them to expedite our request for credit.

Authorized Signature	Print Name and Title	Date
_____	_____	_____

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**BANK USE ONLY**

Checking Acct. : \_\_\_\_\_ Saving Acct.: \_\_\_\_\_  
 Date Opened : \_\_\_\_\_ Ave. Balance: \_\_\_\_\_  
 Ave. Balance : \_\_\_\_\_  
 Current Balance : \_\_\_\_\_  
 NSF's: Yes No Secured: Yes No  
 Rating: Excellent Good Satisfactory Poor  
 Comments: \_\_\_\_\_  
 Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_