

**Account Application** 

Department Name: Ship to Address: \_\_\_\_\_\_\_(If different from "Bill To:") Bill To Address: Purchasing Contact: Email: Phone: ( )\_\_\_\_\_ Fax: ( )\_\_\_\_\_ Email: Accounts Payable Contact: Fax: ( )\_\_\_\_\_ Phone: ( )\_\_\_\_\_ Tax ID #:

**Payment:** With approved credit, terms are Net 30 Days from the date of Invoice, not on the receipt of Any invoicing discrepancies must be addressed within 30 days. We reserve the right to revoke goods. credit privileges if terms are not met.

By signing below, I agree that all statements above are true and I agree to comply with all other requirements.

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

Date:

## **Credit Information:**

Name(s)/Title(s) of Officer(s) and or Principal(s): _			
Year Established:			
Federal ID #:			
Bank Information:			
Account #: Bank:		Contact:	
Address:	_ City:	State:	Zip:
Phone: ( )	Fax: ( )		
Signature for Release of Bank Information X		Date	
Trade References:			
1. Name	Account #		
Address	_ City	State	Zip
Phone ( )	_ Fax ( )		
2. Name	Account #		
Address	_ City	State	Zip
Phone ( )	_ Fax ( )		
3. Name	Account #		
Address	_ City	State	Zip
Phone ( )	_ Fax ( )		

I certify the information in this application to be true and correct and authorize SWPS to contact the references provided for the purpose of obtaining credit. In the event that our account is placed for collection, we agree to pay, in addition to the amount owed, all collection fees, court costs and reasonably attorney fees.

Signature	_Company	Date

In consideration of the extension of credit to Customer by continuing Personal Guaranty, and as an inducement to SWPS to continue to extend credit to said Customer, the undersigned jointly and severally unconditionally guaranty the payment of any and all sums of money as are now, or at any time hereafter may be owing to SWPS by said customer, as a result of extension of credit, including attorney's fees and collection costs which may be incurred to enforce this Guaranty and/or to enforce its claims against Customer:

Signature		Company	Date
SWPS Use Only			
Approved	Denied	Date	
			SWPS Employee