

SWEDA CREDIT APPLICATION

BUSINESS CONTACT INFORMATION			
Company name:		ASI#:	
Street Address:			
City:		State:	ZIP Code:
Phone:	Fax:	Email:	
AP Contact:		Phone:	Email:
Vendor Relations Contact:		Phone:	Email:
BUSINESS OWNERSHIP INFORMATION			
Name of Parent Company:		Tax ID#:	
Company Officer:		Title:	
BANKING INFORMATION			
Bank name:			
Checking Account #:		Savings Account #:	
BUSINESS/TRADE REFERENCES			
Credit Line Requested: \$			
Invoice Method	Mail:	Email:	
Company name:			
Address:			
City:		State:	ZIP Code:
Fax:	E-mail:		
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Fax:	E-mail:		
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Fax:	E-mail:		
Type of account:			
AGREEMENT			
<ol style="list-style-type: none"> 1. All invoices are to be paid 30 days from the date of the invoice. 2. By submitting this application, you authorize Sweda Company, LLC to make inquiries into the banking and business/trade references that you have supplied. 3. Sweda has the right to terminate any extension of credit at any time without notice in the event that customer fails to comply with the credit agreement terms and conditions. 			
ELECTRONIC SIGNATURES			
Name:		Name:	
Title:		Title:	
Date:		Date:	