

BUSINESS CREDIT APPLICATION

P.O. BOX 24188
HOUSTON, TEXAS 77229-4188
(713) 675-0921 (713) 675-3419 FAX

P.O. BOX 200047
SAN ANTONIO, TEXAS 78220-0047
(210) 661-8574 (210) 661-3008 FAX



BILLING INFORMATION:

Name of Company: _____ Website: _____
Physical Address: _____ Main Phone: _____
_____ Main Fax: _____
Billing Address: _____ A/P Contact: _____
_____ A/P E-mail: _____

BUSINESS INFORMATION:

Date Started: _____ Structure: Corporation Type of Business: _____
DUNS#: _____ Partnership Incorporated in: _____
EIN: _____ LLC Subsidiary of: _____
Proprietorship

Owners, Partners, Corporate Officers, Names, Resident Addresses and Phone Numbers:

Name: _____ Title: _____
Address: _____ Phone: _____
_____ Email: _____
Name: _____ Title: _____
Address: _____ Phone: _____
_____ Email: _____

BANK REFERENCES:

Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Contact: _____
Checking Account #: _____ Email: _____
Loan Information: Line of Credit Term Loan Other Secured by: _____

TRADE OR BUSINESS REFERENCES:

1. Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Email: _____
2. Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Email: _____
3. Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Email: _____
4. Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Email: _____

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PURCHASE INFORMATION:

Monthly Credit Requested: _____

Purchase Order Required: Yes No

Sales Tax Exempt? Yes No **IF YES, SALES TAX EXEMPTION CERTIFICATE MUST BE ATTACHED**

Special Requirements: _____

AGREEMENT:

I (we) understand that the information furnished in this application is for the purpose of obtaining open account credit for my (our) business and that I am (we are) authorized in my (our) capacity to bind my (our) business accordingly to the following terms and conditions:

~ I (we) will pay the amounts due based on the terms of SWG which are NET 30 DAYS.

~ I (we) agree to pay a service charge of 1 1/2% per month (or lesser amount which represents the legal maximum rate) on all past due invoices not in dispute.

~ I (we) agree to pay, in addition to the past due invoices and interest charged on delinquencies, all costs of collecting including court costs, collector's and or attorney's fees necessary to collect amounts due to SWG.

Agreement Accepted For: _____
 Company Name _____ Date _____

Authorized Principal/Officer: _____
 Signature _____ Title _____

APPLICATION CAN BE SUBMITTED BY:

MAIL: Southwest Galvanizing Inc
 Attn: Credit Manager
 PO Box 24188
 Houston, TX 77229-4188

FAX: 713-675-3419

EMAIL: allison@swgalvanizing.com

SWG OFFICE USE ONLY

Requirements:

- Credit Application Signed
- Sales Tax Exemption Certificate
- Customer Information Sheet
- D&B Rating _____
- D&B Paydex _____

Account Opened:

- Credit Limit _____
- Terms _____
- Customer ID _____
- With Personal Guarantee
- Approval Letter Sent to Customer

Account Notes:

Approved By: _____ Date: _____