



242 E. University Drive Phoenix, AZ 85004
 602-272-2658 602-272-2789 fax
 Sales

CREDIT APPLICATION AND AGREEMENT

Company Name and Street Address		Delivery Address (if different)		
Telephone No.	Fax No.	Type of Business		
Preferred method of invoicing: Enter E-Mail address or fax number.	Fax No. for Invoicing:	E-mail Address for Invoicing:		
Name of Purchasing Agent(s)		Year Business Started		
Resale Business [] Yes [] No	Resale No. (Attach AZ Tax Exemption Certificate)	Is Business Currently Operating Under Chapter XI Reorganization [] Yes [] No	Anticipated Monthly Purchases \$	
If Business is Incorporated	Names of Officers		Titles of Officers	
	Year Incorporated	Under Laws of What State		
If Business is a Sole Proprietorship or Partnership	Name(s) of Owner(s)	Home Address(es) of Owner(s)	SS No.(s) of Owner(s)	
References (Open Account Purchases Only)	1. Name	Address	Phone No.	Fax No.
	2. Name	Address	Phone No.	Fax No.
	3. Name	Address	Phone No.	Fax No.
	4. Name	Address	Phone No.	Fax No.
	5. Name	Address	Phone No.	Fax No.
	Name of Bank	Phone No.	Line of Credit [] Yes [] No	
	Account No.	Type of Account [] Commercial [] Savings		D&B No.
<p>I understand that Southwest Fastener's terms are one percent (1%) – ten (10) days, net thirty (30) days, and that the information furnished on this application is for the purpose of obtaining credit. I am authorized in my capacity to bind my firm accordingly, that all accounts or monies shall be due and payable to Southwest Fastener. An additional one-and-one-half percent (1-1/2%) service charge may be charged to all accounts not paid within thirty (30) days from date of invoice. In the event of nonpayment of debt, I agree to pay all costs and expenses, including attorney's fees and court costs, incurred by Southwest Fastener.</p>				
Owner/Corporate Officer (Print Name and Title)		Signature (Required)	Date	