

**BUSINESS CREDIT APPLICATION**

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

Why? Resale Manufacturing/Agg. **CIRCLE ONE**

Have you used Galvanizing before? Yes  No  **IF YES, WHERE:** \_\_\_\_\_

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: \_\_\_\_\_