



Your Supply Center Since 1937

Application for Credit

Organization's Name _____ Date organization began _____ State _____

Billing address _____ City, State, 9 digit Zip _____

Delivery address _____ City, State, 9 digit Zip _____

A/P contact _____ Phone # _____ Fax # _____

Cell phone/pager# _____ Email _____ Federal ID # _____

Organization is a (check one): sole proprietorship _____ partnership _____ limited liability company _____

Corporation _____ charitable organization _____ educational organization _____ government entity _____ other _____

Describe the nature of your business/organization _____

Has this organization/individual ever filed bankruptcy? _____ If yes, date filed: _____

Owners and/or officers:

Table with 5 columns: Name, Title, S.S.#, Home Address, Phone #. Rows 1, 2, 3.

Do you also sell to SWH? _____ If yes, do we have an account with you? _____ Our account # on your records is _____

Sales tax: Do you have: exemption certificate? _____ resale or mfg. sales/use tax certificate? _____ Does the resale or mfg. certificate apply to your purchases at SWH? _____ If so, list the items you will purchase that apply for exemption from sales tax. _____

Please attach your completed and signed certificate, if applicable to SWH purchases.

Trade references (Give complete address, phone numbers and account numbers.)

Name _____ Address _____ Account # _____

City, state, zip _____ Phone # _____ Fax # _____

Name _____ Address _____ Account # _____

City, state, zip _____ Phone # _____ Fax # _____

Name _____ Address _____ Account # _____

City, state, zip _____ Phone # _____ Fax # _____



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Bank name _____ Account # _____ Branch _____ Contact _____

Address _____ City, State, Zip _____ Phone # _____

We also accept Mastercard, Visa and American Express credit cards. Would you prefer to pay by credit card? _____

If so, what is the credit card company name? _____ Card number _____

Expiration date _____ What is the name on the credit card? _____

Do you want a monthly statement? _____ If yes, should the statement be faxed? _____ or mailed? _____

What SWH location(s) will be your primary purchasing center? _____

Do you require purchase orders for all invoices? _____ Do you require job numbers for all invoices? _____

Can your invoices be faxed to you? _____ or mailed to you? _____ How often? [] Monthly [] Weekly [] Daily

Primary purchasing center _____ Address _____

Purchasing contact _____ Phone # _____ Fax # _____

Can quotes be faxed to this number? _____

Address _____ City, State, 9 digit Zip _____

Hazardous materials coordinator _____ Phone # _____ Fax # _____

Address _____ City, State, 9 digit Zip _____

Authorized purchasers _____

The following terms of sale are agreed to and accepted:

- 1. Credit terms are net 30 days.
2. To any invoice not paid in accordance with its terms, there may be added thereto, a late charge at the rate of 1.5% per month or the maximum rate by law if less than 1.5% per month on the unpaid balance for each month, or fraction of a month, that such balance remains unpaid.
3. In the event of default in payment, and your account is placed with a collection agency or attorney, you agree to pay all costs of collection.

Signature _____ Date _____

Print name _____ Title _____

Fax to 502-562-2261 or mail to: SWH Supply Company, 242 East Main Street, Louisville KY 40202