



PLEASE SUBMIT BY MAIL, FAX, OR EMAIL  
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## CREDIT APPLICATION

Business Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

D/B/A: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Date Established: \_\_\_\_\_ How Long in Business: \_\_\_\_\_

### OWNERSHIP:

Sole Proprietorship  Partnership  Corporation  LLC

### PRINCIPAL:

\_\_\_\_\_  
(NAME) (TITLE) (SS#)

### PRINCIPAL:

\_\_\_\_\_  
(NAME) (TITLE) (SS#)

### ACCOUNTS PAYABLE CONTACT:

\_\_\_\_\_  
(NAME) (TITLE) (PHONE#/EXT.)

## TRADE REFERENCES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# & Fax#: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# & Fax#: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# & Fax#: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# & Fax#: \_\_\_\_\_

### BANK REFERENCES

\_\_\_\_\_  
(NAME) (ADDRESS) (ACCT.#) (CONTACT)

\_\_\_\_\_  
(NAME) (ADDRESS) (ACCT.#) (CONTACT)

# OF EMPLOYEES: \_\_\_\_\_ EST. ANNUAL SALES: \_\_\_\_\_ SALES AREA: \_\_\_\_\_

Has the firm or any of its principals ever been Bankrupt?  YES  NO

If YES, explain: \_\_\_\_\_

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchased within the terms agreed (Net 30 days) and agrees to pay a service charge of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Name of Business: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_