

APPLICATION FOR CREDIT

SWANSON BUILDING MATERIALS, INC.

525 West 2890 South

Salt Lake City, Utah 84115

VOICE: (801)973-2736 FAX: (801)973-2791

E-mail: megana@swansonbuildingmaterials.com

FIRM NAME: _____

ADDRESS: _____
STREET

CITY STATE ZIP
COUNTRY (If Other Than The United States): _____

CUSTOMER ACCOUNT "Set-Up" INFORMATION

PHONE: (____) _____ - _____ FAX: (____) _____ - _____

P.O. REQUIRED? *Yes: No: *If "YES", can they be verbal? Yes: No:

Are Authorized Signatures Required? *Yes: No: *If "YES", please attach list of names.

ARE SALES MADE TO YOUR COMPANY SUBJECT TO SALES TAX? Yes: *No:

** If "no", please complete "sales Tax Exemption Certificate" on last page of application.*

INDIVIDUAL: _____ PARTNERSHIP: _____ CORPORATION: _____

AMOUNT OF CREDIT BEING REQUESTED (Maximum Balance Needed): _____

Contractor Licence #: _____ Date Issued: _____ Class (STICC if known) Code: _____

ORGANIZATION'S OFFICERS

NOTE: SSN information is required for Partnerships, LLC's, and Sole Proprietorships
SSN's for Corporate Officers may be required depending on Corporate Credit Status.

NAME: _____ Title: _____

SSN: _____ - _____ - _____ Street: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

ORGANIZATION'S OFFICERS - CONTINUED

NAME: _____ **Title:** _____

SSN: _____ - _____ - _____ **Street:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

BANK INFORMATION

BANK NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

COUNTRY: _____ **ACCOUNT #:** _____

BANK OFFICER NAME: _____ **PHONE:** _____

TRADE REFERENCES:

NAME: _____ **TITLE:** _____ **PHONE #:** _____

Street: _____ **City:** _____ **State:** _____

Country: _____ **Language Spoken:** _____
If Other Than USA If Other Than English

NAME: _____ **TITLE:** _____ **PHONE #:** _____

Street: _____ **City:** _____ **State:** _____

Country: _____ **Language Spoken:** _____
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NAME: _____ **TITLE:** _____ **PHONE #:** _____

Street: _____ **City:** _____ **State:** _____

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