

Swagelok Austin / Swagelok Corpus Christi

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1959 Saratoga Blvd., Bldg. 1, Suite 102, Corpus Christi, TX 78417, 361-289-2148, fax 361-289-2517

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company name:				
Phone:		Fax:		Company E-mail:
Bill To Address:			Ship To Address:	
City, State, Zip:			City, State, Zip:	
Business Identity:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
Federal ID#:		Social Security #:	# of Employees:	Date Business Started:
Nature of Business:			Ever filed Bankruptcy: ___No ___ Yes- Date Filed: _____	

CREDIT INFORMATION

Bank name:		Bank Contact:	
Bank address:		Phone:	Fax:
City:		State:	ZIP Code:
Type of account:		Account number:	
<i>To Bank Reference Above: Please accept this as authorization to disclose to Swagelok Austin / Swagelok Corpus Christi the customary information you would normally disclose to a prospective creditor.</i>			

BUSINESS/TRADE REFERENCES

Company name:		Account #:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:		Account #:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:		Account #:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

AGREEMENT

The individual signing this application hereby certifies that he/she is authorized to do so.

Signature acknowledges acceptance of Seller's terms and conditions, Net 30 days, FOB shipping point, and agreement to pay all invoices when due and agreement to pay carrying charges at the maximum rate allowed by law on unpaid balances exceeding those terms and conditions. Additionally, the applicant agrees to pay all costs of collection, including attorney's fees and court costs, to enforce payment of unpaid balances. Claims arising from invoices must be made within seven working days. By submitting this application, you authorize Swagelok Austin / Swagelok Corpus Christi to make inquiries into the banking and business/trade references that you have supplied.

Signature:		Amount of Credit Desired:	
Name:		Payment Contact Name:	
Title:	Phone:	Fax:	
Date:	Email Invoices To:		