

Credit Application 9170 Camino Santa Fe San Diego, CA 92121 Phone: (858) 320-4000/Fax: (858) 320-4001		
Date		
Company name		
DBA (if different)		
Accounts Payable Contact	Email address	
Address		
Phone	Fax	
Federal tax ID		
Type of business	No. of employees	
Date business established		
Types of products you will purchase		
Amount of credit requested \$		
Are you a:		
<input type="checkbox"/> CORPORATION		
State of Incorporation:	Tax ID No.	
Executive Officer Name:		
Personal Residence Address:		
Office Phone:	Cell Phone:	Home Phone:
SSN:	Driver's License No.:	State:
Financial Officer Name		
Personal Residence Address		
Office Phone:	Cell Phone:	Home Phone:
SSN:	Driver's License No.	State:
<input type="checkbox"/> LIMITED LIABILITY COMPANY		
State of Registration:	Tax ID No.	
Managing Member: Name		
Personal Residence Address		
Office Phone:	Cell Phone:	Home Phone:
SSN:	Driver's License No.	State:
Are you managed by more than one member? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please provide the following information for each additional managing member:		
Managing Member Name		
Personal Residence Address		
Office Phone:	Cell Phone:	Home Phone:
SSN:	Driver's License No.	State:
<input type="checkbox"/> PARTNERSHIP		
State of Registration:	Tax ID No.	
Managing Partner Name		
Personal Residence Address		
Office Phone:	Cell Phone:	Home Phone:
SSN:	Driver's License No.	State:

<input type="checkbox"/> SOLE PROPRIETORSHIP		
Owner Name		
Personal Residence Address		
Office Phone:	Cell Phone	Home Phone
SSN:	Driver's License No.	State:
BANK OR FINANCIAL CREDIT REFERENCE:		
Name of Bank or Financial Institution:		
Address:		
Contact Person:		Telephone No.
Each Account Number:	Type of Account:	Average Monthly Balance:
1.	1.	1.
2.	2.	2.
3.	3.	3.
BANK OR FINANCIAL INSTITUTION PROVIDING YOU A LINE OF CREDIT:		
Name of Bank or Financial Institution		
Address:		
Contact Person:		Telephone No.
Each Account Number:	Type of Account:	Average Monthly Balance:
1.	1.	1.
2.	2.	2.
3.	2.	3.
CREDIT REFERENCE #1		
Name:		
Address:		
Phone:		
Type of Credit:		
CREDIT REFERENCE #2		
Name:		
Address:		
Phone:		
Type of Credit:		

INVOICING PREFERENCE
Paper invoice mailed to:
and/or
Emailed invoice to:
***If you prefer to pay by bank transfer or ACH, please call 858-320-4000 for our banking information and remittance email address.
SALES TAX
All purchases will be subject to sales tax unless documented proof of resale is provided in accordance with California State Board of Equalization (BOE) requirements. BOE form "California Resale Certificate" is attached for your convenience.
RETURNS AND CANCELLATIONS
See attached 2022 RETURN / CANCELLATION POLICY."
GENERAL TERMS AND CONDITIONS
<ul style="list-style-type: none"> • All purchases must be prepaid until a credit application has been completed, reviewed and approved. • Our payment terms are net 30 days for customers with approved credit terms. • Additional credit will not be extended to past due accounts unless satisfactory arrangements are made with our credit department. • Any account over 60 days past due will require prepayment for additional purchases until the account is paid in full. • If any indebtedness is incurred pursuant to this request for credit is not paid in full when due the undersigned agrees to pay all costs of collection, including reasonable attorney's fee. Any balance remaining unpaid shall bear interest at the lesser rate of 1.5% per month until paid in full. • This credit application shall be valid for a period of twelve months from the date of approval. Swagelok Southern California will require updated credit applications every twelve months in order to continue to receive credit. • Credit applicant agrees that any request for an increase in the amount of credit being provided by Swagelok Southern California will require an updated credit application at the time the request is made in order for the request to be considered. • All credit applications and agreement to provide credit shall require personal guarantees by the principal owners, managing members and/or executive officer of the applicant. • Applicant agrees to provide an authorization to permit Swagelok Southern California to verify bank and financial references provided above as well as an authorization to perform a credit check upon applicant with credit reporting agencies.
I hereby confirm that the above information is true and is given to induce Swagelok Southern California to extend credit to the company named within this application. On behalf of the company named in this application, I authorize Swagelok Southern California to conduct a credit investigation that will include obtaining credit reports and contacting the above-named trade and bank references. On behalf of the company named in this application, I authorize all trade references, banks, and credit reporting agencies to disclose to Swagelok Southern California any and all information concerning the financial and credit history of my company and financially responsible officers, members, agents and/or owners.
I have read the terms and conditions stated above and agree to all of these terms and conditions.
Authorized signature:
Printed name/Title:
Date: