



**CREDIT AGREEMENT**

100 Hollister Road, Teterboro, NJ 07608

Phone: 201-462-0900

➔ Please Return to Fax: 201-727-8929

On the basis of the data to follow, I/we hereby apply to Swift Electrical Supply for credit accommodation. The information below, as submitted, is true and correct according to the best of my knowledge. The undersigned agrees to abide by the standard terms and conditions and personal guarantee of sales as printed below.

**LEGAL BUSINESS NAME:** \_\_\_\_\_ (Buyer)

dba / Trade Name(s): \_\_\_\_\_

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

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

**MAILING ADDRESS:**

**PHYSICAL ADDRESS:** (if different from Mailing Address)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BUSINESS TYPE:**  Corporation  S Corp.  LLC  LLP  Proprietorship  Partnership  Other: \_\_\_\_\_

Year Established: \_\_\_\_\_ Tax Exempt:  Yes  No (If exempt, you must include an exemption certificate)

Division or Subsidiary of: \_\_\_\_\_

A/P - Billing Contact Name: \_\_\_\_\_ Ext: \_\_\_\_\_ Email: \_\_\_\_\_

**PRINCIPALS and/or OFFICER/OWNER:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS # \_\_\_\_\_ Cell#: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ SS # \_\_\_\_\_ Cell#: \_\_\_\_\_

**TRADE and BANK REFERENCES:**

**1) Name:** \_\_\_\_\_

**2) Name:** \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**3) Name:** \_\_\_\_\_

**4) Name:** \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

**Bank Name:** \_\_\_\_\_ A/C #'s: \_\_\_\_\_ & \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Officer Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BONDING / SURITY CO. INFORMATION:** (contractors must complete)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Agent / Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_





**New Account Set Up Sheet**  
To be returned with Credit Agreement  
➡ Please Fax Back to (201) 727-8929

**Please complete the form below so that we may better service your account:**

**How would you like to receive your invoices and statements?**

- Email: \_\_\_\_\_
- Fax Number: \_\_\_\_\_
- US Mail: \_\_\_\_\_

**What customer type best describes your company?**

- Electrical Contractor - Union
- Electrical Contractor - Non Union
- Builder / Developer / GC
- Commercial Property Management
- Hospital / Healthcare
- Hotel / Motel
- Retail Chain Store
- Road / Utility Contractor
- HVAC Contractor
- Architect Engineer
- Municipality / State
- School / Education
- Landscape Contractor
- Interior Designer

**Please list your employees you'd like to be on our email list to receive product and promotional information.**

Name	Title	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Thank You*