

**COMPANY INFORMATION**

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

Is this a DBA (Doing Business As) company and owned by a parent company? ☐ Yes ☐ No

If yes who is the parent/ legal company Name: \_\_\_\_\_

Federal ID / Social Security Number: \_\_\_\_\_

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

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

Billing Address: (IF DIFFERENT) \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

No. of Employees: \_\_\_\_\_ Number of Years in Business \_\_\_\_\_ Is this business Incorporated: ☐ Yes ☐ No

Nature of Business: \_\_\_\_\_ Dun &amp; Bradstreet # \_\_\_\_\_

**PAYMENT INFORMATION**☐ Monthly billing and our company will issue a check for payment within 30 days.☐ Monthly billing and I authorize you to charge my CC at the end of the month for the whole amount.☐ I authorize you to bill my credit card at the end of each job. Authorized Signature: \_\_\_\_\_Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Name on the Card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

**TRADE REFERENCES**

1. Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address \_\_\_\_\_ Contact Name: \_\_\_\_\_

2. Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**BANK INFORMATION**

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

Bank Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

We affirm that the information provided in the application is true and correct and we hereby authorize the release of credit information requested by SWIFT COPY INC. for consideration in this application. We understand that our account (if approved for credit) shall be due 30 days from invoice date. (Account subject to revocation any time balance goes over net 30 days). In addition, we agree to pay a legal or collection fee of \$350.00 if it is necessary for SWIFT COPY INC. to retain a collection agency or attorney to collect balances over 90 days. We also agree to pay finance charges of 2% per month compounded of any balance over 60 days

Applicants agrees to allow SWIFT COPY INC. to conduct a routine credit check to determine Applicant's ability to pay. Applicant authorizes SWIFT COPY INC. to transfer any charges not paid within 60 days to the above Visa, MasterCard, American Express or Discover account.

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_