

**CREDIT APPLICATION**

\_\_\_\_/\_\_\_\_/\_\_\_\_

Property \_\_\_\_\_

Address \_\_\_\_\_

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

Manager \_\_\_\_\_ Phone( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_

Owner \_\_\_\_\_ Phone( ) \_\_\_\_\_

Property \_\_\_\_\_

Address \_\_\_\_\_

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

**\*\* Owner's name must be provided for S.W.I.D. to recognize management company as the agent \*\***

Management Co. \_\_\_\_\_ Phone( ) \_\_\_\_\_

Address \_\_\_\_\_

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

A/P Contact \_\_\_\_\_ District Manager \_\_\_\_\_

The credit terms for S.W.I.D. are NET 30 Days. Invoices over 45 days are subject to a late fee of \$2.00 per day

**Do you require a purchase order?**     Yes     No

**Are you tax exempt?**     Yes     No \* If yes Please supply tax exemption certificate \*

Please circle requested services:

Wallpaper      Installation      Paint      Drywall      Resurfacing

**PLEASE LIST THREE VENDOR REFERENCES**

Business Name \_\_\_\_\_ Phone( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_

Business Name \_\_\_\_\_ Phone( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_

Business Name \_\_\_\_\_ Phone( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_