

# S & W Cabinets, Inc.

1120 Cummins Drive

Chaffee, MO 63740

Phone: 573-887-4292 Fax: 573-887-9197

## CONFIDENTIAL CREDIT APPLICATION

Legal Name of Firm: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_ Fax ( ) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bill To Address: \_\_\_\_\_ Fax ( ) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Ship To Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Tax Exempt/Resale # \_\_\_\_\_ DUNS# \_\_\_\_\_ **(Please submit exemption or resale certificate)**

Contractors License # \_\_\_\_\_ Federal ID # \_\_\_\_\_ City License # \_\_\_\_\_

Annual Sales Revenues: \_\_\_\_\_ Estimate of Monthly Purchases: \_\_\_\_\_

Type of Ownership: Individual \_\_ Proprietorship \_\_ Partnership \_\_ Corporation \_\_ LLC \_\_ State Of Incorporation \_\_\_\_\_

Are Business Premises: Owned \_\_\_\_\_ Leased \_\_\_\_\_ Value \$ \_\_\_\_\_

Mortgage on Machinery or Equipment \$ \_\_\_\_\_ Held by \_\_\_\_\_

### Principal Owners and Officers:

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

Home Address: \_\_\_\_\_ SS# \_\_\_\_\_

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

Home Address: \_\_\_\_\_ SS# \_\_\_\_\_

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

Home Address: \_\_\_\_\_ SS# \_\_\_\_\_

Bank Reference:

Bank: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Account No.: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Insurance Information:

Work Comp Carrier: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Contact: \_\_\_\_\_

Auto Insurance: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Contact: \_\_\_\_\_

Trade References:

1. Supplier: \_\_\_\_\_ 2. Supplier: \_\_\_\_\_

Account No.: \_\_\_\_\_ Contact: \_\_\_\_\_ Account No.: \_\_\_\_\_ Contact: \_\_\_\_\_

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

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

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

3. Supplier: \_\_\_\_\_ 4. Supplier: \_\_\_\_\_

Account No.: \_\_\_\_\_ Contact: \_\_\_\_\_ Account No.: \_\_\_\_\_ Contact: \_\_\_\_\_

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

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

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