

SOUTHWEST ENVIRONMENTAL, INC
9452 N 16TH AVE
PHOENIX, AZ 85021
602-331-0888 FAX 602-331-5012

APPLICATION FOR CREDIT

NAME OF COMPANY _____ PHONE _____
ADDRESS _____ FAX _____

OWNER/OFFICER

NAME _____ TITLE _____ PHONE _____
ADDRESS _____

NAME _____ TITLE _____ PHONE _____
ADDRESS _____

DESIRED CREDIT _____ INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____

TYPE OF BUSINESS _____ DATE FORMED _____

COMMERCIAL CONTRACTORS LICENSE # _____ BOND # _____

RESIDENTIAL CONTRACTORS LICENSE # _____ BOND # _____

BONDING COMPANY OR AGENT _____ PHONE _____

TAXABLE _____ NON-TAXABLE (ATTACH AZ 5000 FORM) _____

RESALE TAX # _____ STATE _____ FEDERAL ID # _____

CREDIT REFERENCES

NAME _____ PHONE _____ FAX/EMAIL _____

NAME _____ PHONE _____ FAX/EMAIL _____

NAME _____ PHONE _____ FAX/EMAIL _____

NAME _____ PHONE _____ FAX/EMAIL _____

BANKING

BANK _____ ACCT # _____
ADDRESS _____

BANK _____ ACCT # _____
ADDRESS _____

SOUTHWEST ENVIRONMENTAL TESTING, INC

TERMS OF SALE

FIRST TRANSACTION: MAY BE DUE UPON RECEIPT
NET 30 DAYS

ACCOUNTS WITH A PAST DUE BALANCE OVER 45 DAYS OR WHICH HAVE EXCEEDED THE CREDIT LIMIT MAY BE PLACED ON C.O.D. UNTIL ALL PAST DUE AMOUNTS ARE PAID. INVOICES THAT ARE PAST DUE MAY BE ASSESSED A \$50 LATE FEE FOR EVERY MONTH THE INVOICE IS LATE.

I DECLARE UNDER PENALTY OF PERJUR THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT AND AGREE TO THE TERMS OF PAYMENT AND CREDIT POLICY. IN THE EVENT **SOUTHWEST ENVIRONMENTAL TESTING, INC** SHALL BRING ANY LEGAL ACTION TO COLLECT ANY AMOUNT PAST DUE, BUYER SHALL PAY ALL COSTS AND ACTUAL ATTORNEY'S FEES WHETHER OR NOT SUIT IS INITIATED. IT IS AGREED THAT VENUE FOR ANY SUCH SUIT SHALL BE MARICOPA COUNTY, ARIZONA. I PROMISE TO PAY ANY AND ALL DEBTS INCURRED.

SIGNED BY _____ **PRINT NAME** _____
OWNER/OFFICER

DATE _____ **TITLE** _____

SIGNED BY _____ **PRINT NAME** _____
OWNER/OFFICER

DATE _____ **TITLE** _____

I _____ BEING _____ OF THE
NAME

ABOVE NAMED ORGANIZATION DO HEREBY PERSONALLY GUARANTEE PAYMENT OF THIS ACCOUNT.

_____ SIGNED BY OWNER/OFFICER

CHECK IF REQUIRED PO# _____ JOB # _____ JOB NAME _____ OTHER _____