

Swanson Christian Products
1200 Park Avenue
Murfreesboro, TN 37129

Fax: 866.431.1313
Phone: 615.896.4114
Email: payables@swansoninc.com

Confidential Credit Application

Name of
Business: _____

1. Type of Business: Sole Proprietorship _____ Partnership _____ Corporate Name _____ LLC _____

If Corporation, LLC, or limited partnership what state is the entity registered in? _____

Business Address: _____ EIN _____

City _____ State _____ Zipcode _____

Business Phone: _____ Home Phone: _____ Mobile Phone: _____

Email Address: _____

Present Landlord and Phone number _____

2. Sales Tax Exemption Number _____

Type of Business/Service: Retail Store _____ Store in a Church _____ Other (Specify) _____

3. Name of Owner or Manager of Store: _____

Social Security # _____ DOB _____ DL# _____ State _____

Home Address: _____

4. Has your location been zoned for business: _____ Yes _____ No

Name of Buyer: _____ 10. How long have you owned this business? _____

Store hours: _____ Sales last year \$ _____

5. Business References: (REQUIRED)

Name	Phone #	Fax #	Account #
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

6. Bank that business account is with: _____ Phone#: (_____) _____

The exact name under which your bank account is carried: _____

On which basis to you prefer to purchase: [] Prepaid Check [] Terms [] Credit Card

Credit Requested: \$ _____

7. The Undersigned understands, warrants, represents, and agrees as follows:

- a) That the information furnished herewith is for the purpose of determining sales tax exemption status and/or inducing Swanson Inc. to extend credit to the undersigned.
- b) That if this credit application is submitted by an agent or authorized officer of another entity, the undersigned is authorized to execute this application on behalf of the principal.
- c) That all accounts of monies due to Swanson Inc. by the undersigned are due and payable at Swanson Inc. place of business no later than 30 days from invoice date and that all past due accounts shall accrue a service charge greater of 1.5% per month or the highest rate permitted by law until paid.
- d) That any time after the 30-day delinquency period, Swanson Inc. may turn over such delinquent account to an attorney at law or other collection agency for collection and in that event the undersigned agrees to pay all costs of collection, including court costs and attorney fees in addition to the service charges set forth above.
- e) By completion of the sales tax exemption number above, I am certifying that I am purchasing the goods for resale and am responsible for all sales taxes that might be due on my purchases from Swanson Inc.

8. Have you or your company filed bankruptcy? [] Yes [] No

If yes, please explain on the back and give the date of filing and discharge. _____

I hereby AUTHORIZE the making of whatever credit inquiries are deemed necessary in connection with my credit application or in the course of review or collection of any of credit extended in reliance on the application. I authorize and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain in response to such credit inquires and agrees that same shall remain your property whether or not credit is extended. I have read the forgoing application and the statements made in it are true and correct.

GUARANTOR: (if corporation under item 2.)

COMPANY NAME: _____

BY: _____

Name (please print)

Signature of Guarantor Individually

Date

Spouse Signature if sole PROPRIETORSHIP Individually