



CREDIT APPLICATION

SWVA Kentucky, LLC

Submit To:
SWVA Kentucky, LLC
2704 South Big Run Road West
Ashland, KY 41102
E-MAIL: alambers@swvaky.com

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Ashland, KY 41102**

PLEASE TYPE or PRINT LEGIBLY

IMPORTANT: Please Complete Both Pages of This Document.

Account Information

Firm's Legal Name: _____

Trade Style Name (if used) _____

D&B (DUNS) Number (if known): _____

Mailing Address: _____

Physical Address: _____

Email Address(es): _____

City: _____ **ST/Prov:** _____ **Zip Code/Postal Code** _____

Country: _____ **Country Code (if used)** _____

Telephone Number: _____ **Accounts Payable Telephone Number:** _____

Purchasing Contact: _____

How would you like to receive your invoices? **Emailed** **Regular Mail**

Accounts Payable Contact Name: _____ **FAX Number:** _____

Principals' Name	% Ownership	Position	Residence Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

of employees at your location _____

Principal Business Activity _____

Corporation _____ Partnership _____ Individual _____ Other Business Style _____

Name/Address of Parent Company (if applicable) _____

Publicly Owned? _____ Stock Symbol _____

To allow for the quickest processing of this application, please provide the last fiscal year end and most recently completed balance sheets and income statements. These may be attached or mailed separately to the confidential attention of the Controller. If statements are not attached or mailed, when can we expect to receive the financial statements?

_____ By furnishing statements you represent that all detail is true, correct and prepared in accordance with generally accepted accounting principles consistently applied.

Estimated Opening Order \$ _____ Estimated Monthly Purchases \$ _____

** Note: A copy of your Sales Tax Exemption Certificate Must Be Attached In Order For Your Account To Be Established **

Major Credit References: (Please attach a list of the major US credit references, within our industry, if possible. Please be sure that complete names, addresses, phone and fax numbers are included.)

Name of Bank: _____ Account Number: _____

Street: _____ City: _____

ST/Prov: _____ Zip Code/Postal Code: _____ Country _____

Banking Officer: _____ Telephone Number: _____

Approval Indicating SWVA Kentucky, LLC May Contact Trade/Bank References: _____

(Signature)

Please advise your bank of our pending contact so that your application will not be unduly delayed.

----- Credit Agreement -----

To induce SWVA Kentucky, LLC to extend credit to your firm, Undersigned agrees to pay all invoices within the stated terms of sale of ½ of 1% - 10 days; net 30 days as stated on all SWVA Kentucky, LLC invoices and/or agreed to by all parties.

Undersigned agrees to provide financial information, if or when requested, and warrants and covenants that all financial information provided shall be true and correct in all material respects and that all financial statements will conform to generally accepted accounting principles consistently applied. SWVA Kentucky, LLC agrees that financial information provided is so provided on a confidential basis for sole internal use by SWVA Kentucky, LLC management personnel.

By my/our signatures below, I/We hereby state that all of the foregoing information and statements are true and correct and that I/We have the authority to bind the customer and is authorized by the customer to enter into the credit application terms and conditions.

Signature of Applicant

Date

Title