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APPLICATION FOR CREDIT

Name of Firm or Individual

Billing Address

Street Address

City State Zip Code Area Code Phone Number

STATE SALES TAX PERMIT # _____ **Please include copy of permit with this application**

Corporation Partnership Individual

Name of Principal Address City State Zip Phone

Name of Bank Address City State Zip Phone

Bank Officer or Contact Phone Ext.#

Trade References:

1. _____
Business Name Address Zip Phone Fax

2. _____

3. _____

Our credit terms are **Net 30 days from date of Invoice**. Invoices not paid within this period will be charged 1½% interest per month.

I certify that all the information on this form is correct. I fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Date

Authorized Representative

Please Print

Southwestern Sales Rep.