

# Credit Application



P.O. Box 2195  
Benson, Arizona 85602  
Phone: (520) 586-5599  
Fax: (520) 586-5279

**Applicant Information:**

Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
No. of Years in Business: \_\_\_\_\_ No. of Years at Present Location: \_\_\_\_\_ No. of Employees: \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_ State Sales Tax #: \_\_\_\_\_ DUNS #: \_\_\_\_\_

**Corporate Officers:**

\_\_\_\_\_  
\_\_\_\_\_

**Bank Information:**

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
\_\_\_\_\_  
Fax: \_\_\_\_\_  
Acct #: \_\_\_\_\_

**References (include Business name, address, contact person and phone number):**

1. \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
2. \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
3. \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
4. \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_

**Please attach most recent audited financial statements and current period financial statements.**

*All information provided will remain strictly confidential and will be used for credit evaluation purposes only.  
Please complete and mail/fax to Jon Martell at the address/number above.*

Return completed application to:  
Transmission Services Manager – Jon Martell  
Email jmartell@swtransco.coop  
Phone 520-586-5228  
Fax 520-586-5279