



Swiger Coil Systems, LLC. Credit Application

DATE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ E-MAIL: _____

COMPANY REPRESENTATIVE: _____
(Include Title and Department)

REFERENCES: (Please list Company Name, Address, Phone No. and Fax No)

1) _____

2) _____

3) _____

BANK: _____

BANK CONTACT NAME & PHONE NO.: _____

DO NOT COMPLETE BELOW PORTION:

CREDIT AMOUNT: _____

DATE OF APPROVAL: _____

APPROVED BY: _____