

SWANSON MEDIA • CREDIT APPLICATION
Swanson Media • P.O. Box 6493 • Evanston, IL 60204-6493

Account Name: _____ D & B No.: _____
Buyer/Contact: _____ Phone: _____
Acct. Payable Contact: _____ Fax: _____
Tax Ex. No./State: _____ Resale Lic. No./State: _____
Bill to: _____ Ship to: _____

To ensure speedy delivery and to immediately establish credit, include payment with your initial order, and please fill out the credit information below.

BANK REFERENCE:

Bank Name: _____ Account No.: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone No.: _____

Bank Name: _____ Account No.: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone No.: _____

TRADE REFERENCES:

Name: _____ Account No.: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone No.: _____

Name: _____ Account No.: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone No.: _____

Name: _____ Account No.: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact: _____ Phone No.: _____