

# PERFORMANCE

SWING STAGE, INC.

## APPLICATION FOR CREDIT

DATE \_\_\_\_\_

### COMPANY INFORMATION

TRADE NAME		PHONE
ADDRESS		FAX
CITY	STATE	ZIP
BILLING ADDRESS		
TYPE OF BUSINESS		CONTRACTORS LICENSE #
P.O. REQUIRED?		BILLING CUT OFF DATE (IF APPLICABLE)
BANK	PHONE	ACCOUNT #

### OWNER/OFFICER INFORMATION

OWNER	TITLE	PHONE
D/L # OR SSN		

### TRADE REFERENCES

COMPANY NAME		PHONE
ADDRESS		FAX
CITY	STATE	ZIP

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**PLEASE FAX COMPLETED FORM TO 916.489.9196**

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