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APPLICATION FOR CREDIT

Please provide the following information. It will be held in the strictest confidence. An asterisk (*) denotes required fields. Please note this information will be required even if you supply your own form. Please submit information to accounting@appliedcontrol.com.

*Name of Firm or Individual

*Address

*Requested Credit Line \$:

*City

*State

*Zip

*Years at this Address

*Billing Address

*Phone

*City

*State

*Zip

*Invoice E-mail

*Accounts Payable Contact

*Accounts Payable Phone

NAICS#

DNB#

*Federal ID#

Applied Control Contact

Please Check One:

Corporation

Partnership

Individual

Please Check One

Taxable

Tax Exempt

**if exempt, please include Tax Exemption Certificate*

Principals:

	Name	Address	Phone
1			
2			
3			
4			

Bank Reference:

Bank

Address

Bank Contact

Phone

*Trade References

	Business Name	Address	Phone	Email/Fax
1				
2				
3				
4				

We certify that all of the information on this form is correct. We fully understand your credit terms (net 30 days from the date of invoice) and agree to the proper payment in consideration of extended credit.

*Authorized Signature

*Date

*Printed Name

*Title