



Applied Control Equipment, LLLP
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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.admin@appliedcntrl.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