

Fields in YELLOW are required for processing. Standard credit application on company letterhead accepted, but signed CSL credit application is required.

Person Requesting Credit

Last: _____ First: _____			
Address: _____		Email: _____	
City: _____	State: _____	ZIP: _____	Phone: _____

Company Information

Name of Business: _____			
Address (if different than above): _____			
City: _____	State: _____	ZIP: _____	Phone: _____
Type of Business/Industry: _____		In Business Since: _____	
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>			
If Division/Subsidiary, Name of Parent Company: _____		In Business Since: _____	
Name of Company Principal Responsible for Business Transactions: _____		Title: _____	Email: _____
Address (if different than above): _____			
City: _____	State: _____	ZIP: _____	Phone: _____
Name of Company Principal Responsible for Accounts Payable: _____		Title: _____	Email: _____
Address (if different than above): _____			
City: _____	State: _____	ZIP: _____	Phone: _____

Bank References

Institution Name: _____	Institution Name: _____
Contact Name: _____	Contact Name: _____
Checking Account #: _____	Savings Account #: _____
Address: _____	Address: _____
Phone #: _____	Phone #: _____

Credit References (Major Suppliers)

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone #:	Phone #:	Phone #:
Fax #:	Fax #:	Fax #:
Email:	Email:	Email:
Account Opened Since:	Account Opened Since:	Account Opened Since:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

I also acknowledge that invoice amounts are due 30 days from the date of invoice. A 2% monthly late fee will apply to outstanding balances.

Printed Name

Signature

Date

Please scan and email this application to the Customer Service Department at orders@controlsystemlabs.com or fax to 716-836-2136.

Thank you. We look forward to working with you and your company.