



APPLICATION FOR OPEN CREDIT ACCOUNT
ControlsCentral.com

Mail, fax, or email application to Controls Central
915 W. Imperial Hwy., #160, Brea CA 92821
Fax: 714.671.3873
Email: accounting@controlscentral.com

CONTROLS CENTRAL USE ONLY

Credit Approved [] D & B []
Credit Denied []
ACCOUNT # [] CREDIT LIMIT []

Business Phone () Fax ()
Street Address City State Zip
Website Address Email Address

OWNERSHIP - Check one box below

Business Classification [] Corporation [] LLC [] Sole Proprietorship
[] Partnership [] LLP [] Government
Date Business Established / / If Incorporated, Date of Inc. / /
State of Incorporation State ID # Fed ID #

PRINCIPAL OWNERS, OFFICERS AND PARTNERS (attach a separate sheet if necessary)

Name Title Phone
Street Address City State Zip Social Security #
Name Title Phone
Street Address City State Zip Social Security #

ACCOUNTS PAYABLE CONTACT

Name Phone () Email
Street Address City State Zip

BANK REFERENCES

[] SAVINGS Name Account # Branch
[] CHECKING Address
[] LOAN City State Zip

COMMERCIAL TRADE REFERENCES Give ONLY names of those you buy from on OPEN ACCOUNT. References WILL NOT be considered valid unless FULL NAMES and ADDRESSES are included. Please list a minimum of three (3).

1. Business Account # Phone Fax
Address City State Zip
2. Business Account # Phone Fax
Address City State Zip
2. Business Account # Phone Fax
Address City State Zip

Amount of Credit Desired \$ Sales Tax Exemption #

PO Required? [] Yes [] No Authorized Buyers

We herein make this application to Controls Central for credit and/or to update and reconfirm our existing account and balance with Controls Central. Controls Central is authorized to contact any reference or banks listed above and pull credit records. If credit is granted, I (we) agree to pay for all goods purchased within 30 days following the date of invoice. In the event payment is not made and this account is referred for collection, we agree to pay cost of collection equal to a minimum amount of twenty five percent of the principal amount. If suit or action by an attorney is instituted, we promise to pay reasonable attorney fees in said suit or action. Venue shall be in the state or county of Controls Central's choice. Applicant(s) give their permission to Controls Central and/or agents to verify and/or supplement the information listed hereon. I understand that by providing the information above and signing this form, I am consenting to receive communications sent via facsimile or by e-mail by, or on behalf of, Controls Central.

Sign Date

Name Title