

P.O. Box 496
664 State Street
Beaver PA 15009



voice... 724-775-7926
facsimile... 724-775-5283
info@c3controls.com
www.c3controls.com

Thank you for your interest in c3controls. It is our policy to request that all new customers complete the credit application.

If you have standard credit information that you supply, please feel free to send that in lieu of completing this form, however, we ask that this application be signed by an authorized company representative acknowledging our **NET 15 Day Terms**. The application approval process could take as many as three days.

Areas marked with a "✓" MUST be filled out when accompanied by standard credit information.

Please forward any questions to our Credit Department at 724-775-7926.

For Fast Turnaround, Fax Completed Application To 724-775-5283.

COMPANY INFORMATION

✓ Company Name _____ Web Address _____ www. _____

✓ Phone () _____ ✓ Fax () _____

✓ Billing Address _____

City _____ State _____ Zip _____

Shipping Address _____

City _____ State _____ Zip _____

Our Business is a:

- Corporation Co-Partnership Limited Partnership Individual Business

We have been at our present address for _____ years.

We have been in business since _____.

Please provide your email address if you prefer to receive your invoices via email: _____

Please list Officers, Partners or Owners of the company:

President _____ Phone () _____

Treasurer _____ Phone () _____

Credit Manager _____ Phone () _____

Accounts Payable _____ Phone () _____

BANKING REFERENCES WITH CONTACT NAME:

Bank Name _____
Address _____
City _____ State _____ Zip _____
Contact _____
Phone () _____ Fax () _____
Account Number _____ Type of Account _____
Date Established _____

TRADE REFERENCES WITH CONTACT NAME (THREE REQUIRED):

Company Name _____
Address _____
City _____ State _____ Zip _____
Contact _____
Phone () _____ Fax () _____
Doing Business Since What Year? _____

Company Name _____
Address _____
City _____ State _____ Zip _____
Contact _____
Phone () _____ Fax () _____
Doing Business Since What Year? _____

Company Name _____
Address _____
City _____ State _____ Zip _____
Contact _____
Phone () _____ Fax () _____
Doing Business Since What Year? _____

AUTHORIZATION STATEMENT

I authorize release of credit information and agree to c3controls terms and conditions of sales and agree that payment is due **NET 15** days from invoice date.

✓ Signature _____

✓ Title _____ ✓ Date _____