



# Credit Application: Net 30 Terms

1501 Kensington Avenue  
Buffalo, NY 14215  
716-836-2100  
www.controlrepair.com

All fields are required for processing.

Does your company require Purchase Orders for authorization?    Yes    No

Please email completed application to [orders@controlsystemlabs.com](mailto:orders@controlsystemlabs.com) or fax to 716-836-2136.

## Company Information

Name of Business:			
Name of Person Requesting Credit:			Title:
Address:			Email:
City:	State:	ZIP:	Phone:
Address (if different than above):			
City:	State:	ZIP:	Phone:
Type of Business/Industry:		In Business Since:	
Legal Form Under Which Business Operates: <div style="display: flex; justify-content: space-around;"> <span>Corporation <input type="checkbox"/></span> <span>Partnership <input type="checkbox"/></span> <span>Proprietorship <input type="checkbox"/></span> </div>			
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:			

Please input Credit & Bank References on Page 2. It is acceptable to attach a separate document with this information on Company Letterhead; all other fields, including signature below, are still required.

**I hereby certify that the information contained herein is complete 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. I authorize the financial institutions listed on this credit application to release the necessary information to the company for which credit is being applied for to verify the information contained herein.**

**I acknowledge:**

- if my Credit Application is not processed by the time my repair is completed, I agree to pay by credit card in order for my unit(s) to be released
- that invoice amounts are due within 30 days from the date of invoice or a 2% monthly late fee will apply to outstanding balances -balances due must be paid with check or by ACH and cannot be paid with a credit card
- failure to remit payment within 30 days or violation of any of these terms may lead to revocation of our terms or other considerations with Control System Labs
- that signing this application means our company agrees to the Terms & Conditions as outlined on [www.controlrepair.com](http://www.controlrepair.com)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## 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:

## Bank References

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