



APPLICATION FOR CREDIT

NEW CUSTOMER SETUP

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RECOMM LINE OF CREDIT: _____

EXISTING CUSTOMER/CUST ID: _____

INITIAL ORDER VALUE: _____

PENDING ORDER

CUSTOMER CATEGORY FOR P21:

Yes No

BRANCH LOCATION: _____ SALESPERSON NAME: _____ DATE: _____

COMPANY NAME (DBA): _____ SUBSIDIARY/DIVISON OF: _____

BILLING ADDRESS: _____
STREET ADDRESS/ PO BOX CITY STATE ZIP CODE

SHIPPING ADDRESS: _____
ZIP CODE

TELEPHONE: _____ EMAIL ADDRESS: _____ FAX: _____

BUSINESS TYPE: PROPRIETORSHIP PARTNERSHIP CORPORATION GOVT OTHER

STATE INCORPORATED: _____ COUNTY: _____ YEAR ESTABLISHED: _____ BUSINESS TYPE: _____

PO REQUIRED FOR ALL ORDERS: YES NO DUNS#: _____ EST. MONTHLY PURCHASES: _____

TAXABLE? YES NO IF NO, TAX CERTIFICATE IS NEEDED, Tax will be charged without a valid certificate on file. TAX ID#: _____

PAID BY INVOICE STATEMENT BILLING EMAIL ADDRESS: _____

ACCTS.PAYABLE CONTACT NAME: _____ PHONE: _____ EMAIL: _____

OWNER/OFFICERS – If sole proprietorship or partnership complete entire section below. If a corporation complete Name and Title section.

NAME: _____	HOME ADDRESS, CITY, STATE, ZIP	SSN/EIN: _____
TITLE: _____	HOME PHONE: _____	DRIVER/ID#: _____
NAME: _____		SSN/EIN: _____
TITLE: _____	HOME PHONE: _____	DRIVER/ID#: _____

TRADE REFERENCES				
NAME OF BUSINESS	ACCT NO.	ADDRESS	EMAIL	TELEPHONE
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

***BY SUBMITTING THIS APPLICATION YOU AGREE THAT ALL PURCHASES WILL BE GOVERNED BY SELLER’S TERMS & CONDITIONS OF SALE IN EFFECT AT THE TIME OF SALE.** It is agreed that all purchases of products and/or services from Building Controls & Solutions, its affiliates, subsidiaries, trade name entities, and business units (collectively “Seller”) are conditioned on and made pursuant to Seller’s Terms & Conditions of Sales, which are subject to change from time to time, and are available at www.building-controls.com and also upon request. Our payment terms are **Net 30** and you could be charged additional fees associated with nonpayment. The undersigned certifies the information above to be correct, that it is submitted for the purpose of obtaining credit, and agrees to send the Seller written notice by certified mail of any changes in ownership form of applicant’s business within five days of such changes. Applicant certifies by signing this application, that the business is not insolvent, gives authorization to contact references list above for credit information and agrees that credit information may be given to other trade sources as a normal course of business.

COMPANY NAME SIGNATURE (PRESIDENT/PARTNER/PROPRIETOR) DATE