



Integrated Control Systems

Integrated Control Systems Inc.
1425 American Way, Cedar Hill, TX. 75104
Voice: (972) 291-6064
Fax: (972) 291-5975
Web: WWW.INTCONSYS.COM

APPLICATION FOR CREDIT

(Please complete all fields of this application. Incomplete forms will not be processed.)

COMPANY INFORMATION

Company Name _____

DBA _____

Billing Address _____

City/State/Zip _____

Shipping Address _____

City/State/Zip _____

Is the shipping address a business or residence? Business Residential

Main Phone _____ Fax _____

Company Website: _____ Main Email _____

Type of organization: Sole Proprietorship: Partnership: Corporation: # of Employees _____

Is your company a PEI member? Yes No First year of membership? _____

Line of business: _____

Years in business? _____ Fed. Tax ID# _____ D&B# _____

Credit Requested _____ # of Branch Locations _____

Preferred Invoicing Method Mail: Email: Fax: Email or Fax # for Invoices _____

(If your company has an office in the state of Texas, please include your TEXAS SALES AND USE TAX RESALE CERTIFICATE.)

Preferred Payment Method Mailed Check: Credit Card: Wire Transfer (ACH Not Available at this time)

(For Credit Card Transactions, Please include the ICS CREDIT CARD AUTHORIZATION FORM)



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PERSONNEL INFORMATION

 President / CEO Name Phone # / Extension Email

 CFO Name Phone # / Extension Email

 Accounts Payable Name Phone # / Extension Email

 Sales Manager Name Phone # / Extension Email

 Service Manager Name Phone # / Extension Email

TRADE REFERENCES

(Please include all information so that we may contact your references. Incomplete information will delay processing.)

1. _____
 Name of Business Address

 Telephone # Fax # Contact Person

2. _____
 Name of Business Address

 Telephone # Fax # Contact Person

3. _____
 Name of Business Address

 Telephone # Fax # Contact Person

4. _____
 Name of Business Address

 Telephone # Fax # Contact Person

CERTIFICATION

I, the signer below hereby certify that I am authorized to make this agreement on behalf of the company named above and that the information provided is true and correct to the best of my knowledge. I further agree that if my account becomes delinquent and/or is sent to collections, all associated fees will be added to the principle balance owed.

Prepared by: Signature: _____ Printed: _____

Title: _____ Date: _____



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BANK REFERENCE

(Please include all information so that we may contact your bank. Incomplete information will delay processing.)

Company Name

DBA

Bank Name

Address

Telephone #

Fax #

Contact Person

Phone

Email

Account #

Type of Account

I hereby certify that I am an authorized representative of the company named above. I further authorize the above named bank to release any information necessary to establish an account with Integrated Control Systems.

Signature: _____ Printed: _____

Title: _____ Date: _____