

APPLICATION FOR CREDIT

Fax to: 630.260.7383 OR
E-mail to: jim.petras@invensyscontrols.com

CONTROLS
CONTROLS CANADA
UNI-LINE[®]
RANCO[®]
ROBERTSHAW[®]

BILL TO:

Firm name _____
dba _____
Box or Street _____
City _____ State/Province _____ Zip/Postal _____
Phone _____ Fax _____ E-mail _____
Accounts Payable Contact _____ Phone _____
E-mail _____ Fax _____

SHIP TO (If different from Bill To, attach list if more than one):

Street _____
City _____ State/Province _____ Zip/Postal _____

D&B # _____ Tax ID # _____ Years in Business _____

Sales Tax Certificate Number(s) _____

Operates as a: Proprietorship Partnership Corporation LLP

If a Proprietorship, Partnership or LLP, list below the name(s) of the owner(s)

Name _____

Name _____

Has any of the owners or the company ever filed for bankruptcy? Yes No

Has a judgement ever been granted against the company? Yes No

Expected purchases \$ _____ per year.

REFERENCES

Name	Location (Street, City, State or Province)	Phone	Fax
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

Bank Name _____ Account # _____

Street Address _____ Account # _____

City _____ State/Province _____ Zip _____

Loan Officer or Contact _____

Phone _____ Fax _____ E-mail _____

By signing below I/we agree:

- * That all information furnished above is accurate.
- * To allow all aforementioned trade and bank references to supply credit information for the purpose of establishing or maintaining a credit account.
- * That the extension of credit may be rescinded or altered by Invensys's credit department at any time from order acceptance, during the manufacturing period or at any time product is ready for shipment.
- * To pay interest charges at the rate of 1.5% per month or the maximum amount allowed by statute on any amount not paid within the terms as indicated on each invoice.
- * To pay each invoice within the terms as indicated on each invoice.
- * That until credit has been established it may be necessary to prepay for shipments.
- * That financial statements may be required to assess our company's credit worthiness.

Signature _____ Date _____

Print Name _____

Officer or Owner

Title