



Control Consultants Inc.  
AUTOMATIC TEMPERATURE CONTROLS

# CONTROL CONSULTANTS INC.

AUTOMATIC TEMPERATURE CONTROLS

242 Libbey Industrial Parkway  
Weymouth, MA 02189

Telephone: (781) 335-8353  
Fax: (781) 335-8506

## CREDIT APPLICATION

Legal Business Name \_\_\_\_\_

State Incorporated \_\_\_\_\_

Address (Bill To) \_\_\_\_\_

Address (Ship To) \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_

This company is a (check one):  Corporation  Sole Proprietorship  Ltd Liability Corp.  
 Partnership  Limited Partnership

Length of time in Business \_\_\_\_\_

Taxable \_\_\_\_\_ Tax Exempt \_\_\_\_\_  
\*\*If tax exempt, please provide tax exempt certificate.\*\*

Type of Business ? Manufacturing ? Service/HVAC ? Government ? Wholesale  
? Other \_\_\_\_\_

Are Purchase Order Numbers Required: [ ] Yes [ ] No

## CONTACT INFORMATION

Officer's/Owner's Name \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Purchasing Agent \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Technical Contact \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_

Account Number \_\_\_\_\_

Street/P.O.Box \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Account Representative \_\_\_\_\_  
Name \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

### Referred by:

Website \_\_\_\_\_ Salesperson/Name: \_\_\_\_\_

Word of Mouth/Name \_\_\_\_\_ Other: \_\_\_\_\_



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## TRADE REFERENCES

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<b>Business Name</b>	Address	City	State	Zip
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Account Number	Phone Number	Fax Number
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<b>Business Name</b>	Address	City	State	Zip
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Account Number	Phone Number	Fax Number
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<b>Business Name</b>	Address	City	State	Zip
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Account Number	Phone Number	Fax Number
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## ***PERSONAL LIABILITY PLEDGE***

I, \_\_\_\_\_, personally and individually guarantee to Control Consultants Inc. any and all monies for  
(*Owner's Full Name*)  
any goods, wares or merchandise obtained by me under the name of \_\_\_\_\_  
(*Company Name and Address*)

either directly or as a result of my request or someone acting on my behalf. This agreement is in effect retroactive to prior purchases and will remain in effect indefinitely.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Owner's Signature*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*Home Phone*

*Applicant hereby authorizes the release of credit and banking information to Control Consultant by the references listed in this application.*

\_\_\_\_\_  
*Officer/Owner's Signature*

\_\_\_\_\_  
*Date*