



**CUSTOM CONTROLS OF ARIZONA, INC.**  
 2928 N. 30<sup>TH</sup> Street, Suite C  
 Phoenix, AZ 85016  
 602-954-3949  
 602-954-4668 fax  
[www.customcontrolsaz.com](http://www.customcontrolsaz.com)  
[info@customcontrolsaz.com](mailto:info@customcontrolsaz.com)

**CREDIT APPLICATION**

The undersigned is applying for credit with Custom Controls of Arizona, Inc. (the "Company") and agrees to abide by the terms and conditions of the Company's standard contract. Approval process takes approximately one (1) full business week.

**Please verify that references listed will provide information. Incomplete or incorrect applications will be returned unprocessed.**

**IMPORTANT:** Custom Controls of Arizona, Inc. relies on the information provided by trade and bank references. In the event that references can not be contacted or fail to provide information in a timely manner, the application process will be delayed.

Company Name: \_\_\_\_\_

DBA (if different): \_\_\_\_\_

Contact Full Name: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Confirmation of receipt of this application will be sent to the above email address.

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Federal Tax ID /Social Security Number: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Date Business Established: \_\_\_\_\_

Types of Products Being Purchased: \_\_\_\_\_

Credit Amount Requested: \$ \_\_\_\_\_

\_\_\_\_ Corporation State of Incorporation: \_\_\_\_\_

\_\_\_\_ LLC \_\_\_\_ Partnership \_\_\_\_ Sole Proprietorship

Are you sales tax exempt? \_\_\_\_ Yes \_\_\_\_ No

**Authorized Purchaser(s):**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Purchase Order Required? \_\_\_\_ Yes \_\_\_\_ No



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**Accounts Payable Contact Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**TRADE REFERENCES**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**BANK REFERENCE**

Account Number: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_

We declare that the above information is true, correct and complete and is given to induce the Company to extend credit. We authorize the Company to make such credit investigations as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself:

**I have read the terms and conditions stated below and agree to all of those terms and conditions. By signing below, I confirm that all information submitted is true, correct, and complete.**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE**

- All invoices become payable in full 30 days from the date of invoice (Net 30 Days). If not paid by such time, bills are considered past due.
- A service charge of 1 1/2% per month will be added to all amounts billed if not paid within 30 days from date of invoice.
- No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
- PERSONAL GUARANTEE: Those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.