



Integrated Control Systems

Billing: P.O. Box 541058
Grand Prairie, TX. 75054-1058
Shipping: 605 E. Palace Pkwy, Suite A2
Grand Prairie, TX. 75050
Voice: (972) 642-6800
Fax: (972) 642-6804
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 _____

Mailing Address _____

City/State/Zip _____

Shipping Address _____

City/State/Zip _____

Is the shipping address a business or residence? Business Residential

Phone _____ Fax _____

Email Address _____ # of Employees _____

Company Website: _____

Type of organization: Individual ownership: Partnership: Corporation:

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

Line of business: _____

How long in business? _____ Tax ID# _____ D&B# _____

Person in charge of accounts payable _____

Credit Requested _____



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CORPORATE OFFICERS/OWNERS/PARTNERS

Name/Title Phone #

Name/Title Phone #

Name/Title Phone #

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

I certify that the information provided is true and correct to the best of my knowledge. I understand that any invoice paid after the due date printed on the invoice will be assessed a late payment fee of 3% of the unpaid balance for each 30 day period after the due date. I also understand that a past due invoice will not be considered paid in full until all assessed late fees are paid. I further agree that if my account becomes delinquent and is sent to collections, all associated fees will be added to the principle balance and late fees owed.

Prepared by: _____ Signature: _____ Printed: _____

Title: _____ Date: _____

Please fax this completed application to ICS at: 972-642-6804. Please do not email.
(If your company has an office in the state of Texas, please include your TEXAS SALES AND USE TAX RESALE CERTIFICATE.)



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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

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: _____