

BRW Control Systems, Inc.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Business Contact Information

Name & Title:

Company Name:

Phone:

Fax:

Website:

Company's Mailing Address:

City:

State/Province:

Zip/Postal Code:

Sole Proprietorship:

Partnership:

Corporation:

Other:

Business And Credit Information

Primary Business Address:

City:

State/Province:

Zip/Postal Code:

How long at current address:

Phone:

Fax:

E-mail:

Bank Name:

State/Province:

Zip/Postal Code:

Bank Address:

Phone:

City:

State/Province:

Zip/Postal Code:

Type of Account:

Account Number(s):

Checking:

Federal Tax I.D. #:

Savings:

Other:

Business And Trade References

Company Name:

Address:

City:

State/Province:

Zip/Postal Code:

Phone:

Fax:

E-mail:

Type of Account:

Company Name:

Address:

City:

State/Province:

Zip/Postal Code:

Phone:

Fax:

E-mail:

Type of Account:

Company Name:

Address:

City:

State/Province:

Zip/Postal Code:

Phone:

Fax:

E-mail:

Type of Account:

Agreement

1. All invoices are to be paid thirty (30) days from the date of the invoice.
2. Claims arising from invoices must be made within seven (7) working days.
3. By submitting this application, you authorize BRW Control Systems, Inc. (and its' agents) to make inquiries into the banking and business/trade references you have furnished.

Signature:

Name & Title:

Date: