



Control Supply Corp.

Master Distributor to the Wholesaler Only

Credit Application

Individual or Company Name: _____

Type of Ownership: _____ Date Business Started: _____

- Corporation
- Partnership
- Individual

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: () _____ - _____

Business Fax: () _____ - _____

FINANCIAL INFORMATION:

- Please provide your most recent financial statement
- Current balance sheet and operating statement attached
- Manufacturers' Clearing House

Company Officers:

NAME	TITLE
_____	_____
_____	_____
_____	_____

REFERENCES:

Bank Name: _____ Phone: () _____ - _____

Address: _____

Account Officer: _____ Account Number: _____

Supplier's Name	Address	Phone & Fax
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

****PLEASE MAKE SURE TO INCLUDE FAX NUMBER****

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1-800-872-3300 Outside of NY / www.controlsupplycorp.com