



APPLICATION FOR CREDIT

Please complete and return to:

Advantage Controls P.O. Box 1472 Muskogee, OK 74402

Fax: 918-686-8805

Standard Terms Net 30 days from date of invoice.

Firm Name _____

Mail Address (City, State, Zip) _____

Email Address _____

Ship Address (City, State, Zip) _____

Phone: (_____) _____

Fax: (_____) _____

Ownership Corporation If incorporated within past year check. Partnership Individual

Name and Complete address of principals _____

Phone/fax _____

Bank Name _____ Address _____
Bank Officer _____ Phone or Fax: _____

References: Business Name, Location

Fax Numbers Only

- 1. _____
2. _____
3. _____
4. _____

Applicant's signature attests financial responsibility, ability and willing to pay our invoices in accordance with our terms. Past due invoices are subject to a late penalty of 1.5% per month. Applicant agrees to pay reasonable collection fees (including attorney fees) plus late penalties in case of default.

A facsimile application received will be considered an original copy. The applicant hereby authorizes and instructs any person, company or credit-reporting agency to compile and furnish any information concerning the applicant and/or the company.

Signature

Title

Date

Office use only

Credit Application From: _____ DR: _____ MCT: _____

Get the Advantage

