



On The Cutting Edge of Technological Evolution

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www.acscontrol.com



APPLICATION FOR CREDIT

Pages: _____

Please type or print

Name of Company	
Address	
City, State, Zip	
Ph	Fax
Email	

To:	From:
Co: ACS	Co:
Dept: Credit Approval	Ph #:
Fax #: (941)378-4226	Fax #:

Please do not write in this space

Acct. No. _____

Amount _____

By _____ Date _____

Billing Address if Different than Above:

Name of Parent Company	Limit Desired
Address	Purchase Order Required? Yes <input type="checkbox"/> No <input type="checkbox"/>
City, State, Zip	Billing Instructions
Ph	
Email	
Type of Business	
Years in Business	Current Gross Sales
	Net Worth
	No. of Employees
Authorized Buyers' Names	Title

Banking

Name _____ Acct. No. _____ Checking

Address _____ Contact _____ Loan

City, St, Zip _____ Phone _____ Savings

Name _____ Acct. No. _____ Checking

Address _____ Contact _____ Loan

City, St, Zip _____ Phone _____ Savings

Trade References

Name _____ Acct. No. _____

Address _____ Contact _____

City, St, Zip _____ Phone _____ Fax _____

Name _____ Acct. No. _____

Address _____ Contact _____

City, St, Zip _____ Phone _____ Fax _____

Name _____ Acct. No. _____

Address _____ Contact _____

City, St, Zip _____ Phone _____ Fax _____

I/we certify that all information provided on this application is true, complete and accurately represents my/our present financial condition and is furnished with the sole purpose of securing credit from ACS. I hereby authorize ACS or its Agents to obtain credit reports and verify any of the information provided from whichever sources it deems necessary. If credit is extended, I/we agree to make payment within thirty (30) days of invoice date. I/we understand that a past due charge may suspend credit sales and that a 1 1/2 percent per month service charge will be added to the unpaid balance. I/we also understand that in the event it becomes necessary to refer this account to an attorney or any collection agency that I/we will be responsible for any and all fees associated or connected with said collections. I/we hereby guarantee and agree that ACS shall hold myself/ourselves personally responsible for the payment of such debts.

X _____ X _____

Name/Title/Date _____ Name/Title/Date _____