



**Customer Information**

Legal Company Name:		
AP Contact Name:	AP Contact Phone:	
AP Contact Email*:	AP Cell Phone:	
Billing Address:		
City:	State:	Zip Code:
Company Phone:	Company Fax:	

*\*Invoices will be automatically emailed to this address unless there is a specific request for fax or mailing.*

**Type of Business** (select one):  Corporation  Partnership  Sole Proprietor  LLC  Division/Subsidiary

**If Division/Subsidiary, Name of Parent Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Reseller Certificate Number\*:** \_\_\_\_\_ **Tax ID Number:** \_\_\_\_\_

*\*Must attach a copy of Reseller Certificate*

**Do you require a Purchase Order Number before we accept an order?**  Yes  No

**Would you like to provide payment via ACH transfer?**  Yes\*  No

*\*If yes, Smart Controls will provide banking instruction*

**Bank Information**

Institution Name:	Account Number:	
Contact Name:	Phone:	
Email:	Fax:	
Address:		
City:	State:	Zip Code:

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## Trade References

### Reference #1

Company Name:		Account Number:	
Contact Name:		Phone:	
Email:		Fax:	
Address:			
City:		State:	Zip Code:
Account Opened (MM/YYYY):		Credit Limit:	Current Balance:

### Reference #2

Company Name:		Account Number:	
Contact Name:		Phone:	
Email:		Fax:	
Address:			
City:		State:	Zip Code:
Account Opened (MM/YYYY):		Credit Limit:	Current Balance:

### Reference #3

Company Name:		Account Number:	
Contact Name:		Phone:	
Email:		Fax:	
Address:			
City:		State:	Zip Code:
Account Opened (MM/YYYY):		Credit Limit:	Current Balance:

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## **Financial Release Authorization**

I authorize the references named herein, both financial institutions and trade references, to release any financial and credit information known to them to Smart Controls, LLC with the understanding that it will be used solely for credit purposes. Furthermore, if this credit application is accepted, I/We agree to pay for purchases in accordance with the terms and conditions set by Smart Controls, LLC.

### **Terms of Sale**

Smart Controls, LLC (the Company) provides agreed goods and services in exchange for payment within terms. It is the Company's normal policy to extend payment terms of 30 days from invoice date to qualified applicants. Payment is expected at the Company's designated address (specified on the invoice) within 30 days of the invoice date. Thirty (30) day terms are upheld. Cash on Delivery (COD), Payment Prior to Shipment (PPS) or any other method of payment may be required pending receipt and review of a customer's credit application, financials and references.

It is understood and agreed that, once Smart Controls, LLC has approved the credit application, payment will be tendered according to the assigned credit terms. Smart Controls, LLC may take any action required in case of failure to make payment as agreed. This may include, but is not limited to, use of outside agencies or attorneys. Costs and fees incurred by outside service agencies or attorneys will be an additional liability on the part of the debtor organization.

### **Statement of Joint and Several Liability**

**Sole Proprietorships, Partnerships, Joint Ventures, Personally Held Corporations**

I/We agree that the Sole Proprietorship, Partnership, Joint Venture, or Personally Held Corporation indicated below will pay all invoices in accordance with agreed terms. All signatories for this organization agree, in the event of the failure of the organization to pay invoices as rendered, to personally reimburse the Company for all liabilities incurred.

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Authorized Signature

Printed Name

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Title

Company Name

Date