



# Integrated Control Systems

**Integrated Control Systems Inc.**  
1425 American Way, Cedar Hill, TX. 75104  
Voice: (972) 291-6064  
Fax: (972) 291-5975  
Web: [WWW.INTCONSYS.COM](http://WWW.INTCONSYS.COM)

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## APPLICATION FOR CREDIT

(Please complete all fields of this application. Incomplete forms will not be processed.)

### COMPANY INFORMATION

Company Name \_\_\_\_\_

DBA \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Is the shipping address a business or residence? Business  Residential

Main Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company Website: \_\_\_\_\_ Main Email \_\_\_\_\_

Type of organization: Sole Proprietorship:  Partnership:  Corporation:  # of Employees \_\_\_\_\_

Is your company a PEI member? Yes  No  First year of membership? \_\_\_\_\_

Line of business: \_\_\_\_\_

Years in business? \_\_\_\_\_ Fed. Tax ID# \_\_\_\_\_ D&B# \_\_\_\_\_

Credit Requested \_\_\_\_\_ # of Branch Locations \_\_\_\_\_

Preferred Invoicing Method Mail:  Email:  Fax:  Email or Fax # for Invoices \_\_\_\_\_

(If your company has an office in the state of Texas, please include your TEXAS SALES AND USE TAX RESALE CERTIFICATE.)

Preferred Payment Method Mailed Check:  Credit Card:  Wire Transfer  (ACH Not Available at this time)

(For Credit Card Transactions, Please include the ICS CREDIT CARD AUTHORIZATION FORM)





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**BANK REFERENCE**

*(Please include all information so that we may contact your bank. Incomplete information will delay processing.)*

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Company Name

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DBA

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Bank Name

Address

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Telephone #

Fax #

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Contact Person

Phone

Email

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Account #

Type of Account

I hereby certify that I am an authorized representative of the company named above. I further authorize the above named bank to release any information necessary to establish an account with Integrated Control Systems.

Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_