

# CREDIT APPLICATION

Power Control Services  
 3827 Pinhook Rd  
 Broussard, LA 70518  
 Phone: 800.962.6355  
 Fax: 877.856.8488



Please note that **ALL** first time orders are due upon receipt.

Completed items will not be released until payment is made in full.

<b>Company Name:</b>				
<b>Contact Information</b>		<b>Billing Information</b>		
Contact Name		A/P Contact Name		
Address:		Address:		
Phone		Phone		
Fax		Fax		
Email		Email		
<b>General Company Information</b>				
Federal Tax ID Number		D&B (DUNS No)		
Type of Business:				
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietor		
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLP	<input type="checkbox"/> Non-Profit		
<b>Officer(s)/Owner(s)</b>				
Name	Title	Address		Social Security #
Sales Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No			If YES Please Provide Exemption Certificate	
Have you ever had credit with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, under what name?				
<b>Authorized purchasers:</b>				
Purchase order required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>Trade References</b> <input type="checkbox"/> See Attached Paperwork				
Company	Contact	Address	City, State, Zip	Contact Numbers
1.				P: F:
2.				P: F:
3.				P: F:
<b>Bank References</b>				
Name	Account	Address	City, State, Zip	Phone
<b>Signature and Authorization</b>				
I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.				
_____ <i>Signature</i>		_____ <i>Date</i>		_____ <i>Title</i>