

*denotes Mandatory field

CREDIT APPLICATION

*Mailing Address for Invoices:

*Requested Credit Limit \$ _____

*D&B # _____

NCI use only:

Order # pending _____

Amount \$ _____

Email address for Invoices:

Phone# _____

Invoice Payment via : ACH__ EFT__ CHECK__

* Sales Tax Status _____

If exempt, please attach NYS tax exempt certificate

*Special billing requirements : _____

*A/P Contact Name & Phone Number: _____

*A/P Email address: _____

REFERENCES

(Please print clearly or attach a list of references – minimum of 1 bank and 3 trade required)

BANK REFERENCE (Name, Address, Phone & Fax #'s, Account #)

_____ Phone# _____
_____ Fax# _____
_____ Account#(s) _____

TRADE REFERENCES (Name, Address, email address)

1	_____	2	_____
	_____		_____
	_____		_____
	_____		_____
3	_____	4	_____
	_____		_____
	_____		_____
	_____		_____

I am applying for credit with Northeast Controls, Inc. and agree to pay within their terms of Net 30 from Invoice Date and subject to the Company's standard Terms and Conditions of Sale. I understand these terms and agree to the proper payment in consideration of extended credit. I also give permission to contact the bank and trade references above for account information.

* _____ Signature

* _____ Print Name

* _____ Title

* _____ Date Revised 2/19/18



NORTHEAST CONTROLS, INC.

Albany • 3 Enterprise Avenue, Clifton Park, New York 12065 • Phone: (518)664-6600 • Fax: (518)664-9280
Rochester • 3559 Winton Place, Rochester, New York 14623 • Phone: (585)427-7870 • Fax: (585)427-2341
Buffalo • 6000 N.Bailey Avenue Suite 2B, Amherst, New York 14226 • Phone: (716)831-1960 • Fax: (716)831-1966

Certificate No.
CC1957-025253
CC1957-025255
CC1957-025254