



Advance Controls, Inc.®

4505 18th Street East Bradenton, FL. 34203

Phone: (941) 746-3221 Fax: (941) 746-3466 Email: aci@acicontrols.com

CREDIT APPLICATION

Date: _____ Phone: _____
Fax: _____

Name of Company: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Sole Proprietorship: _____ Partnership: _____ Corporation: _____

Subsidiary of / Division of: _____

Name of Owners or Officers: _____ Position: _____

_____ Position: _____

_____ Position: _____

Type of Business: _____

Date Established: _____ Your Annual Sales Volume: _____

Is Business Incorporated? _____ If so, under laws of what state? _____

Other Business owned or controlled: _____

BANK REFERENCE _____ Branch: _____

Street: _____ Account No. _____

City, State: _____ Zip: _____

BUSINESS REFERENCES: (CURRENT SUPPLIERS)

1.) _____ Phone: _____

Street: _____ Account No. _____

City, State: _____ Zip: _____

2.) _____ Phone: _____

Street: _____ Account No. _____

City, State: _____ Zip: _____

3.) _____ Phone: _____

Street: _____ Account No. _____

City, State: _____ Zip: _____

RESALE CERT. NO. _____ State _____

Please enclose a copy of your most recent financial statements. Copy attached? Yes No

Signed: _____ By: _____

(Full name of Firm)

(Member of Firm)

Please FAX the completed form and all attachments to ACI at (941) 746-3466