



# Energy Control TECHNOLOGIES

**Energy Control Technologies, Inc.**  
**10220 W. SR 84, Suite 9**  
**Davie, FL 33324**



[Sales@EnergyControl.com](mailto:Sales@EnergyControl.com)



[www.EnergyControl.com](http://www.EnergyControl.com)



954.739.8400



954.717.3769

## Credit Application

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### Business Contact Information

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

2

### Accounts Payable Information

Name: \_\_\_\_\_  
A/P Phone Number: \_\_\_\_\_  
Invoice Email: \_\_\_\_\_

## General Business and Credit Information

3

### Company Information

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

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date Business Commenced: \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_  
Reseller #: \_\_\_\_\_  
Tax Exempt #: \_\_\_\_\_

Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_

# Business / Trade References

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## Reference Company Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Account: \_\_\_\_\_

## Reference Company Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Account: \_\_\_\_\_

## Reference Company Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Account: \_\_\_\_\_

# Agreement

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Payment due within 30 days from the delivery of goods. A service charge of 1.5% per month (18% per annum) will be charged on balances over 30 days past due. In the event it shall become necessary to collect the herein above described some, or any part thereof, the purchaser agrees to pay all the costs thereof, including reasonable attorney's fee.

Name: \_\_\_\_\_

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

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

Anticipated Monthly Purchase: \$ \_\_\_\_\_