Yorkland Controls

Powered by BUILDING CONTROLS & SOLUTIONS

www.yorkland.net

CUSTOMER CREDIT APPLICATION

Company Name:	**Telephone #:** **Fax #**
Street Address & City:	**Website:**
Owner Name/Address:	**Email:**

Nature of Business: Please check one.

Contractor ☐	Manufacture(OEM) ☐	Distribution ☐	Property Management ☐	Owner ☐	Other(Specify) ☐

Finance Institution:	**Contact Name:**
Address:	**Telephone:** **Fax:**

Sales Contact:	**Telephone #:**	**Email:**
Purchaser Contact:	**Telephone #:**	**Email:**
AP Contact:	**Telephone #:**	**Email:**

Invoicing Email:	**Statement Email:**

Trade References:

Company Name:	**Contact Name:**	**Email:**	**Fax:**
1.			
2.			
3.			

The undersigned agrees that the usual credit inquiries may be made at any time in conjunction with the credit hereby applied for and consents to the disclosure of such information to any person or to any credit reporting agency with whom the undersigned has or may have financial relations. The undersigned affirms that the information given herein is true and correct as of the date signed.

Signature_____ Print_____ Date_____