

**CONTROLLED MOTION SOLUTIONS, INC.**

**3946 E. Brundage Lane Bakersfield, CA 93307**

**Phone 800-244-3946 Fax 661-324-9123**

**Application for Credit**

<b>Company Name / Parent Company:</b>			
Billing Address:		City:	State: Zip:
Shipping Address:		City:	State: Zip:
<b>Note: Attach any secondary billing or shipping addresses on a separate sheet.</b>			
Phone Number:		Fax Number:	Buyer: Phone Number:
A/P Contact:	Phone: Fax:	Email Address:	
Type of Business:		Year Established:	Purchase Order Required: Yes No
Incorporated Yes No Incorporated in State of:	Resale: Yes - If Yes, Resale Card MUST be submitted with application No (Copy of Seller's Permit not acceptable by B.O.E.)		
Officers: President:		Vice-President:	
Secretary:		Treasurer:	

**Trade References (or attach list)**

Name	Address	Telephone	Fax (Required)

**Bank Information**

Bank Name:	Branch:
Address:	Telephone: Fax:
Account Number:	Contact:
Have you ever filed Bankruptcy or had a judgment recorded against you: Yes No	Federal Tax ID Number:

*I/We grant permission to obtain personal and commercial credit information as appropriate. It is agreed that all purchases shall be paid for according to the terms set forth by Controlled Motion Solutions (net 30 days). If not paid for within set terms, service charges will occur at a rate of 1.5% per month (18% annually) on unpaid balances. It is further agreed that in the event the above company / corporation defaults in payment of monies due Controlled Motion Solutions and legal action is required, subject agrees to pay reasonable court costs and attorney fees in addition to the amount due. Venue shall be in the county of the seller and/or it's agent.*

Authorized Signature:	Title:	Date:
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Note: Credit approval takes 1 to 2 weeks. First time orders are "COD"-Visa and MasterCard are accepted.