



**CS**  
INDUSTRIAL  
SERVICES

**New Customer Account Form**  
(Confidential Credit Application)

Return completed application to: [info@cs-ind.com](mailto:info@cs-ind.com)

**TRUSTED PARTNER AND EXPERTS**  
FOR YOUR COMPRESSED AIR SYSTEM

<b>BUSINESS INFORMATION AS REGISTERED</b>			
Company Name			
Bill to Address			Phone
City	State		Zip Code
Ship to Address			Phone
City	State		Zip Code
Type of Business: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER			
Credit Terms: <input type="checkbox"/> NO TERMS (COD) <input type="checkbox"/> NET 15		Credit Limit Requested:	
Tax Exempt: <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, please attach a copy of your sales tax exemption certificate.)			
<b>CONTACT INFORMATION (FOR INVOICES &amp; PAYMENT QUESTIONS)</b>			
Name		Title	
Email		Phone	
<b>BANK REFERENCE (REQUIRED IF APPLYING FOR CREDIT TERMS)</b>			
Bank Name		Contact Name	
Address		Phone	
City	State		Zip Code
Account Number		Type of Account: CHECKING   SAVINGS	
<b>TRADE REFERENCES (REQUIRED IF APPLYING FOR CREDIT TERMS)</b>			
(Please list three trade references currently extending credit comparable to credit limit requested)			
Company		Contact Name	
Phone		Email	
Address		Title	
City	State		Zip Code
Company		Contact Name	
Phone		Email	
Address		Title	
City	State		Zip Code
Company		Contact Name	
Phone		Email	
Address		Title	
City	State		Zip Code
<b>APPLICANT ACKNOWLEDGEMENT</b>			
I agree to the terms and conditions of sale provided to me by CS Industrial Services. <a href="http://www.cs-ind.com/resources/">www.cs-ind.com/resources/</a> I authorize inquiry to the bank and credit references provided. I understand if goods and/or services are sold on credit terms, payment is due within fifteen (15) days after the invoice date.			
<b>AUTHORIZED COMPANY REPRESENTATIVE</b>			
Signature		Title	
Name		Date	