

Tel: (415) 808-AHOY • Fax: (415) 808-2470  
330 Townsend St Ste 107, San Francisco CA 94107-1630  
ClipperControls.com

This form must be completed in full and signed by a principal owner, partner, or officer of the company or corporation.

**Company Information**

Please indicate if:     Corporation     Governmental     Individual  
                                   Partnership     Sole Proprietorship

Legal Company or Individual Name:

Trade or DBA Name \_\_\_\_\_  
Physical Address \_\_\_\_\_  
\_\_\_\_\_  
Ship to Address \_\_\_\_\_  
\_\_\_\_\_  
Bill to Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ In Business Since \_\_\_\_\_  
Federal ID# \_\_\_\_\_ DUNS# \_\_\_\_\_

**Complete if Corporation**

State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_  
Owner/President Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Co-Owner/V.P. Name \_\_\_\_\_ Phone number \_\_\_\_\_  
Co-Owner/Secretary Name \_\_\_\_\_ Phone number \_\_\_\_\_

**Complete if Non-Corporation**

#1 Principal (Owner) Name \_\_\_\_\_ SS# \_\_\_\_\_  
#2 Principal (Owner) Name \_\_\_\_\_ SS# \_\_\_\_\_

Have you or any other principal in your organization participated in either a corporate or personal bankruptcy in the past five (5) years?     No     Yes if yes explain.

**Bank Reference & Financial Information**

Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Contact name \_\_\_\_\_ Phone number \_\_\_\_\_  
Account #'s \_\_\_\_\_

**Trade References**

Company \_\_\_\_\_ Phone# \_\_\_\_\_  
Company \_\_\_\_\_ Phone# \_\_\_\_\_  
Company \_\_\_\_\_ Phone# \_\_\_\_\_

**Taxes**

Will your purchases be for Resale?  No  Yes, Resale # \_\_\_\_\_ (Attach Resale Card)

**Our Remittance Information**

Clipper Controls, Inc., 330 Townsend St Ste 107, San Francisco CA 94107-1630  
Contact us if you would like to remit by Electronics Funds Transfer  
Clipper Controls Inc. Federal ID# 94-3223783

**Agreement**

“Applicant” hereby applies to Clipper Controls Inc. (Clipper Controls) to open a commercial charge account in Applicant’s name and hereby requests Clipper Controls from time to time to extend credit to enable Applicant to purchase merchandise from Clipper Controls for business or commercial purposes only. I (We) hereby authorize Clipper Controls to request and obtain credit information from any trade, bank or financial references concerning the status of my business and credit.

Upon approval of credit, your payment terms with Clipper Controls are as follows:

**Payment is due within 30 days of invoice date**  
**Past due amounts shall be charged interest at the rate of 1.5% per month**  
\$35 will be charged for any checks returned from the Applicants bank  
Clipper Controls may change credit terms at any time.

No equipment, material or goods will be accepted for return unless authorized. All returns are subject to handling, reconditioning and restocking charges as assessed by Clipper Controls.

All claims regarding short shipped or broken items must be submitted to Clipper Controls within 10 days from shipment.

By signing this credit application, you agree to abide by Clipper Controls Terms & Conditions of Sale as published on our web site [www.clippercontrols.com](http://www.clippercontrols.com).

**Authorized Signature**

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for considering Clipper Controls as a valued vendor.  
We look forward to serving you!**