



## **CREDIT APPLICATION**

### **Account Title (Legal Name) & Address**

### **Shipping Information**

Phone	Fax	Phone	Fax

**Business Operates as:** ☐ Corporation ☐ Partnership ☐ Individual

Social Security # or Federal Tax ID #	
Date Started/Incorporated	State Incorporated

### **Owners, Partners, or Corporate Officers:**

	<b>Name &amp; Title</b>	<b>Home Address</b>	<b>Home Phone</b>	<b>% Owned</b>
1.				
2.				
3.				

Industry or Type of Business	SIC Code
Are you listed with Dun & Bradstreet? If yes, Dun & Bradstreet #	

Estimate of Credit Required Per Month \$
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Do You Require Purchase Orders: ☐ Yes ☐ No  
Do You Qualify for Tax Exemption: ☐ Yes ☐ No *If yes, please send us your tax-exemption certificate.*

**ALL CUSTOMERS WILL BE SUBJECT TO SALES AND USE TAX, AS DICTATED BY THE APPLICABLE TAX RATES, PENDING RECEIPT OF A SALES TAX EXEMPTION CERTIFICATE.**

**Bank References: (Please sign authorization form attached)**

Drake Controls, LLC  
8731 Fallbrook Drive  
Houston, TX 77064  
877-544-5201  
713-996-0195

Drake Controls - West, LLC  
7050 Village Drive, Ste A  
Buena Park, CA 90621  
877-602-3743  
714-562-1077

Drake Controls Corpus Christi  
8233 Leopard Street  
Corpus Christi, TX 78409  
361-360-6003

Drake Controls de Mexico S. de R.L. de C.V.  
Ave. de las Granjas #56  
Colonia Sector Naval  
Azcapotzalco, C.P. 02080, Mexico D.F.  
001-888-418-DRAK

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



	Bank Name	Address	Account #	Phone/Fax/Contact
1				
2				
3				

**Trade References: ( FAX NUMBERS AND/OR EMAIL ADDRESSES MUST BE PROVIDED FOR ALL REFERENCES)**

	Name	Address	Phone	Fax / Email
1				
2				
3				
4				
5				

Name of Accounts Payable Contact	Phone #	Email
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In consideration of Drake Controls, LLC or Drake Controls – West, LLC extending credit terms to us, we hereby agree, jointly and severally, to be responsible for the payment for all goods and services supplied to us and/or the above named business. We further agree to your selling terms, which are net 30 days from the date of invoice, and understand we will pay a service charge of 1.5% per month (18% APR) if our account becomes delinquent.

\_\_\_\_\_  
Signature of Owners and Partners or Officer of Corporation

\_\_\_\_\_  
Please PRINT Name of Signatory & Title

\_\_\_\_\_  
Date

**THIS APPLICATION MUST BE SIGNED BY EITHER THE INDIVIDUAL APPLYING, OR THE AUTHORIZED PARTNER, OR AUTHORIZED OFFICER OF CORPORATION.**

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