



**Building  
Controls  
Connection Inc.**

**CREDIT APPLICATION**

BCCI USA  
[controlsconnection.com](http://controlsconnection.com)  
7637 Porter Road  
Niagara Falls, NY 14304  
phone: 716-298-1693  
fax: 716-298-1696

BCCI CANADA  
[controlsconnection.ca](http://controlsconnection.ca)  
4129 Stanley Avenue Unit #7  
Niagara Falls, ON L2E 7H3  
phone: 905-353-1555  
fax: 905-643-9552

Legal Business Name:

Mailing Address:

City: Prov/State: Postal Code/Zip:

Shipping Address:

City: Prov/State: Postal Code/Zip:

Telephone No.: Fax No.:

EIN #: PST # GST #

Sales & Use Tax # (Please Fax a Copy of Certificate or Direct Pay Notice):

Principals/Managers:

1. Phone No:

2. Phone No:

Comptroller/Account Contact: Phone No:

**TRADE REFERENCES**

Name: Phone No:

Address: Fax No:

Name: Phone No:

Address: Fax No:

Name: Phone No:

Address: Fax No:

Nature of Firms Business: Years in Business:

# Employees: Annual Sales: Estimated Annual Purchases:

Associated Companies:

Bank: Contact:

Address: Phone No:

I AM AN OFFICER AUTHORIZED TO SIGN FOR THE APPLICANT COMPANY, AND I HEREBY AUTHORIZE BUILDING CONTORLS CONNECTION INC TO OBTAIN SUCH CREDIT REPORTS OR OTHER INFORMATION AS MAY BE DEEMED NECESSARY ON THE AFOREMENTIONED COMPANY, ITS AFFILIATES OR PRINCIPALS IN CONNECTION WITH THE ESTABALISHMENT AND MAINTENANCE OF A CREDIT ACCOUNT OR FOR ANY OTHER DIRECT BUSINESS REQUIREMENT. ALL COSTS INCURRED TO COLLECT PAST DUE INVOICES WILL BE THE RESPONSIBILITY OF THE APPLICANT COMPANY.

**\*\*\*TERMS ARE NET 30 DAYS - Will you be able to meet these requirements?**

YES? \_\_\_\_\_ NO? \_\_\_\_\_

Signature: Title: Date: