



Control Systems Company

1217 Norton Road

Hudson, Ohio 44236

Phone 330.656.3557

Fax 330.463.5401

Email (general) info@csc-parts.com

website www.csc-parts.com

New Customer Registration Form

General Company Information

Company Name _____

Plant/Location Name _____

Business Type End User Distributor/Reseller

Primary Contact:

Name _____

Title _____

Phone Number _____

Email Address _____

Billing Information:

Address _____

include City, State & Zip _____

Phone Number _____

Fax Number _____

Billing Contact:

Name _____

Title _____

Phone Number _____

Email Address _____

Shipping Information:

Address _____
(if different than billing noted above)

include City, State & Zip _____

Phone Number _____

Fax Number _____



Control Systems Company

1217 Norton Road

Hudson, Ohio 44236

Phone 330.656.3557

Fax 330.463.5401

Email (general) info@csc-parts.com

website www.csc-parts.com

Purchasing Contact:

Name _____

Title _____

Phone Number _____

Email Address _____

Federal ID Number _____

Taxable

Tax Exempt

Company Tax Status (please include W9/exemption certificate if applicable)

Is Company Incorporated? Yes No **No. of Yrs in Business** _____

Requested Payment Terms Net 30* Credit Card Other _____

*Net 30 and "Other" Terms require Trade References & Financial References to be completed

Trade References (please include at least 3 current references)

Reference 1:

Company Name _____

Contact Name _____

Address _____

Phone Number _____

Fax Number _____

Email Address _____

Reference 2:

Company Name _____

Contact Name _____

Address _____

Phone Number _____

Fax Number _____

Email Address _____



Control Systems Company

1217 Norton Road

Hudson, Ohio 44236

Phone 330.656.3557

Fax 330.463.5401

Email (general) info@csc-parts.com

website www.csc-parts.com

Reference 3:

Company Name _____

Contact Name _____

Address _____

Phone Number _____

Fax Number _____

Email Address _____

Reference 4:

Company Name _____

Contact Name _____

Address _____

Phone Number _____

Fax Number _____

Email Address _____

Bank/Financial Reference

Financial Institution _____

Contact Name _____

Address _____

Phone Number _____

Fax Number _____

Please return completed form by Fax to: **330.463.5401** or Email to: **mtitmas@csc-parts.com**,
ATTN: ACCOUNTS RECEIVABLE

**Please be ensured all information provided to CSC & results collected by CSC are kept private & confidential*