



# FLOW PRODUCTS, INCORPORATED

2626 W. ADDISON ST., CHICAGO, IL 60618, (773) 528-2000, FAX: (773) 528-6474

REMIT TO: GLENVIEW STATE BANK – PO BOX 128 – GLENVIEW, IL 60025

www.flowprod.com

## Credit Application

NAME OF FIRM OR INDIVIDUAL \_\_\_\_\_

YEARS AT THIS ADDRESS: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

COMPANY WEBSITE \_\_\_\_\_

EMAIL \_\_\_\_\_

The following information must be provided. It will be held in the strictest confidence.

### Ownership

Corporation

Check here if incorporated within the past 12 months

Partnership

Individual

1.

NAME (S) OF PRINCIPAL (S) \_\_\_\_\_

TITLE \_\_\_\_\_

2.

### Finance

BANK \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

BANK OFFICER OR DEPARTMENT \_\_\_\_\_

PHONE / FAX / EMAIL \_\_\_\_\_

### REFERENCES - Please supply four TRADE REFERENCES.

BUSINESS NAME	COMPLETE ADDRESS	ZIP	TEL:
1.			FAX:
2.			TEL:
			FAX:
3.			TEL:
			FAX:
4.			TEL:
			FAX:

\*\*\*\* **THIS FORM MUST BE COMPLETED AND SIGNED TO OPEN AN ACCOUNT** \*\*\*\*

We certify that all the information on this form is correct. We acknowledge that payment terms for Flow Products, Inc. are Net 30 days. We agree that we will issue payment within (30) days of the invoice date.

(Signed) \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_\_\_

(Title) \_\_\_\_\_

Please fax application to: Accounts Receivable - (773) 528-2016