

Phone: (773) 528-2000 Fax: (773) 528-6474

www.flowprod.com

CREDIT APPLICATION

Remit To: ACH Payments -

Chase Bank – 3225 W Addison St – Chicago IL 60618

ABA# 071000013 Account# 711501671
Payment advice to: wnotto@flowprod.com

OR

Mail Payments to: 2626 W Addison, Chicago IL 60618

Name of Firm or Individual				
Address		City	State	Zip
Phone	Fax	Ema	il	
Website				
The Following information mu	st be provided. It will be	e held in strictest conf	idence.	
Corporation Check here	if incorporated in the past 12 I	months Partnership	Individual	
OWNERSHIP				
1.				
lame(s) of Principal(s)				
2.				
FINANCE				
Bank Name		Bank Address		
Bank Officer or Department		Phone / Fax / Email		



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TRADE REFERENCES (PLEASE SUPPLY 4 TRADE REFERENCES)

Company Name	Complete Address	Contact	Phone	Fax	Email
1.					
<u></u>					
2					
3					
4					
	THIS FORM MUST BE COM	MPLETED AND SIG	NED TO OPEN	AN ACCOUN	г
	e information on this form is				r Flow Products, Inc
Are NET 30 Days. W	e agree that we will issue pa	lyment within thirty	(30) days of the	invoice date.	
		Signature _			
Date	20	Title			

Please email application back to Wendy Notto at wmotto@flowprod.com Or fax to Accounts Receivable at (773) 528-2016



2626 West Addison St. MAIN: (773) 528-2000
Chicago, IL 60618
FAX: (773) 528-6474

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Fluid Conveyance - Hydraulic & Pneumatic - Power Transmission - Electrical & Controls - Custom Engineering Solutions

Dear						
Flow Products standard procedure is to Email all invoices. Please provide the necessary information below. If you preference is not Email, please specify: Fax or US Mail.						
This letter may be emailed back to sender or faxed to 773-528-2016 or 773-528-6474 Thank you for your business and consideration.						
For Invoices						
Contact Name:	Phone:	ext:				
E-mail address:						
Fax Number:						
For Statements						
Contact Name:	Phone:	ext:				
E-mail address:						
Fax Number:	_					
Accounts Payable Contact						
Contact Name:	Phone:	Ext:				
E-mail address:						
Fax Number:	_					