FLOW-ZONE LLC

3504 DWAYNE ROAD
ROSHARON, TX 77583
PH: 281-997-8899 FX: 281-598-5673

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION			
Company name:			
Phone:	Fax:	D-U-N-S #	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION			
Billing address:			
City:		State:	ZIP Code:
Years in Business:		Tax Exempt: ☐ No ☐ Yes, Please include Exemption Certificate	
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:

Type of account	Account number
Savings	
Checking	
Other	

BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Flow-Zone LLC to make inquiries into the banking and business/trade references that you have supplied.
4. Please email completed application to ar@flow-zone.com

SIGNATURES

Title: Date:	Title: Date:

Revised 10.2015