



SALESPERSON: _____
BRANCH: _____

APPLICATION FOR CREDIT

Trade or Firm Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Billing Phone: _____ Fax Number: _____

Email Address: _____

Is Your Business: Proprietorship Partnership Corporation

Names of Owners, Partners, or Officers: _____

Number of Employees: _____ Date Business Was Established: _____

Type of Business: _____

Have You Ever Had An Account With Us Before: Yes No; Location: _____

If So, In What Name Was The Account Carried: _____

Account Payable Contact: _____ Phone: _____

*****Credit Agreement*****

Flow-Zone LLC In Extending Credit To The Above Named Firm Or Individual, Set Forth The Following Terms And Conditions. Net 30 Days. No Returns Without Identification By Invoice No. And Prior Written Authorization. Handling And Restocking Charges Will Be Made On Returned Goods. "Only Warranties Specifically Provided In Writing By Manufacturer Apply." All Charges Are Due And Payable To Flow-Zone LLC Of Houston, Brazoria County, Texas. Interest at 1.5% monthly will be charged on all past due invoices. I Or We Apply For Credit And Will Abide By These Terms As Stated Above.

Date Authorized Signature Title

Personal Guaranty

In consideration of the extension of credit by FLOW-ZONE LLC, 3504 Dwayne Road, Rosharon, TX Brazoria County, Texas. I personally guarantee full payments for all merchandise purchased from FLOW-ZONE LLC, (Creditor) by:

Signature _____ Printed Name _____

Social Security Number _____

Please Complete Additional Information On The Next Form

List Three Trade References, Complete With Address, Phone And Account Numbers:

1. Name: _____ Acct. Number: _____

Address: _____ Phone: _____ Email: _____

City: _____ State: _____ Zip: _____

2. Name: _____ Acct. Number: _____

Address: _____ Phone: _____ Email: _____

City: _____ State: _____ Zip: _____

3. Name: _____ Acct. Number: _____

Address: _____ Phone: _____ Email: _____

City: _____ State: _____ Zip: _____

BANK REFERENCE

Name Of Bank: _____ Phone: _____

City: _____ State: _____ Zip: _____

Bank Officer's Name: _____ Title: _____

Type of Account: Checking Loan Savings

Account Number(s): _____

What Is Your Anticipated Monthly Purchases: \$ _____

***Please note that \$10,000.00 or more in annual purchases is required to be considered for open acct.
Annual purchases of less than \$10,000.00 will be handled on a COD basis.**

Please Sign Here to Release Bank Information: _____

If Listed In Dun And Bradstreet Please Give Dun's Number: _____

Do You Require PO Numbers, Job Names Or Numbers? _____

Do You Have Any Special Billing Requirements? _____

Would You Like To Receive A Monthly Statement? By Fax By Email
How Would You Like To Receive Invoices? By Fax By Email