

# FloSource

VALVES | ACTUATION | INSTRUMENTATION | STEAM SPECIALTIES

489 Gardner Avenue  
Martinsville, IN 46151  
Phone: 765-342-1360  
Fax: 765-342-1361

## REQUEST FOR CREDIT INFORMATION FOR OPEN ACCOUNT

Legal Name of Company \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ A/P Person to Contact \_\_\_\_\_

Sales Tax# \_\_\_\_\_ Desired Credit Limit \_\_\_\_\_

All Purchases: Exempt / Non-Exempt / Some Items

**PLEASE PROVIDE General Sales Tax Exemption Certificate if Exempt**

Bank Name \_\_\_\_\_ Account # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

### Supplier References (Must be a Major Supplier)

Supplier Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

How Long? \_\_\_\_\_ Terms \_\_\_\_\_ Max. Amount \_\_\_\_\_

Supplier Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

How Long? \_\_\_\_\_ Terms \_\_\_\_\_ Max. Amount \_\_\_\_\_

Supplier Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_  
How Long? \_\_\_\_\_ Terms \_\_\_\_\_ Max. Amount \_\_\_\_\_

Can we Fax & or Email Invoices: Yes or No

If Yes email address: \_\_\_\_\_

If Yes Fax Number: \_\_\_\_\_

By Completion of this document you are agreeing to FloSource Standard Terms & Conditions.

For a Copy of these Terms & Conditions please visit: <http://flosourcevalve.com/terms.pdf>

Or call 765.342.1360

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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