| If Subsidiary: Parent Name Street | | CREDIT APPLICATION FLUID KINETICS, INC. 251 THORN AVE. P.O. BOX 655 ORCHARD PARK, NY 14127 (716) 662-7900 | | | | |
|-------------------------------------|--|---|---|--|------------|--|
| | | | | Approved by Date Credit Limit Terms Salesman | | |
| City | State Zip | • | (: 662–7982 | | | |
| Legal Name of | Business | | (`) | - <u>()</u> | - | |
| Bill to Address: | | | Tel Ship to Address: | # | Fax·# | |
| | Street | | | Street | | |
| City | State | Zip | City | State | Zip | |
| Proprietorship | Owner Soc Sec # | | In Business Since | Sales Tax # _ | | |
| Partnership | Partner Soc Sec # | | Partership Founded | D&B Rating _ | | |
| Corporation | Federal ID # | · · · · · · · · · · · · · · · · · · · | Year Incorporated | | | |
| Bank Reference: Name | | Branch | | | | |
| Acc | count Rep | () | | Account # | | |
| Trade References | s: | • | | | | |
| Name | meContact | | Tel # () - | | • | |
| Street | etCity_ | | | | | |
| Name | | | | | | |
| | eetCity_ | | | | | |
| Name | | | | | | |
| treetCity | | | | | | |
| | neContact | | | | , | |
| | City | | | | | |
| We hereby jointly | y and severaly agree to p te of 2% per month on a lection and court costs ar | ay your account (| if opened), according to ars as outlined in your | your terms of sale, a | and to pay | |
| Legal Name | | | | | | |