



ProcessFlo, Inc.
115 Hilton Street West, Easton, PA 18042
Phone: 610-400-8625 Fax: 610-252-6095

Credit Application Form

Company Name: \_\_\_\_\_ Customer ID #: \_\_\_\_\_
Physical Address: \_\_\_\_\_
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
Federal EIN #: \_\_\_\_\_ Tax Exempt (circle): YES NO
(include most recent W-9) Tax Exempt Cert #: \_\_\_\_\_
(include most recent Tax Exempt Cert)

Required Information for Accounting

Bill To Address: \_\_\_\_\_
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
Accounting Direct Phone #: \_\_\_\_\_ Accounting Direct Fax #: \_\_\_\_\_
A/P Contact: \_\_\_\_\_ A/P Email: \_\_\_\_\_
PO Website: \_\_\_\_\_ A/P or Payment
Web Site: \_\_\_\_\_
Dunn & Bradstreet #: \_\_\_\_\_ Line of Credit Req: \_\_\_\_\_
Payment Terms Req: \_\_\_\_\_
Freight Terms: \_\_\_\_\_
Our terms are Net 30 Days
Name of President/Owner/General Manager: \_\_\_\_\_

(FOR INTERNAL USE ONLY)

Credit Rating: \_\_\_\_\_ Inside Sales Rep: \_\_\_\_\_
Approved Credit Limit: \_\_\_\_\_ Outside Sales Rep: \_\_\_\_\_
Approved By: \_\_\_\_\_ P21 Update Date: \_\_\_\_\_
Date: \_\_\_\_\_

Trade Reference Summary
Ref #1 Ref #2 Ref#3
Name: \_\_\_\_\_ Order #: \_\_\_\_\_
Amount: \_\_\_\_\_
Status: \_\_\_\_\_
Terms: \_\_\_\_\_
History: \_\_\_\_\_
Notes: \_\_\_\_\_



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**Trade Reference Information Request Form**

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

Company Name: \_\_\_\_\_

Attention To: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

*The company shown below applied for a **LINE OF CREDIT W/PROCESSFLO, INC.**  
As a **TRADE REFERENCE**, please provide any information on the company's ability to meet it's financial obligations*

**Credit Information Release Authorization**

For Company Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Signature: \_\_\_\_\_

**Credit Data**

Date Account Opened: \_\_\_\_\_ Frequency of Use: \_\_\_\_\_

Max Credit Provided: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Type of Credit: \_\_\_\_\_ Terms of Payment: \_\_\_\_\_

Payment History: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Your Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

The information provided is pertinent for the credit approval of the abovementioned company. We appreciate your prompt response. Thank you for your cooperation.

Please return to: Fax: **610-252-6095** -OR- Email: [accounting@processflo.com](mailto:accounting@processflo.com)



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