

FlashCo

____ Manufacturing, Inc. _____

APPLICATION FOR CREDIT

Check one: __Corporation; __Partnership; __Sole Proprietorship; __Other.

Full Business Name _____

Address _____

Phone _____ Fax _____ Other _____

Date Business Began _____ Line of Business _____

Billing Address (if different) _____ City _____ State _____ Zip _____

Name(s) of principal owner(s) _____

Amount Of Credit Requested \$ _____

REFERENCES

(If you already have a form just attach)

Bank

Name _____ Account# _____
Branch _____ Contact _____ Phone _____

Trade

Name _____ Credit Limit \$ _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____

Name _____ Credit Limit \$ _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____

Name _____ Credit Limit \$ _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____

Person to contact for Accounts Payable _____ Phone _____

Sales Tax Exemption Number(Resale Number) _____

Special Billing Instructions _____

FlashCo Manufacturing, Inc.
Toll Free (866) 323-5274
www.flashcomfg.com

• 1452 Industrial Avenue
Sebastopol, CA 95472
Fax (707) 824-5858

• 1383 Down River Dr. Ste A
Woodland, WA 98674
(360) 225-4662