



POWERING BUSINESS AS USUAL.

VENDOR APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name		Phone	
D.B.A.		Fax	
Registered company address City, State ZIP Code		E-mail	

PAYMENT INFORMATION

Accounting Contact		Phone	
Address to Send Payment		Fax	
		Email	
Do you require a 1099?	<input type="checkbox"/> Yes <input type="checkbox"/> No	W-9	<input type="checkbox"/> Attached

OTHER INFORMATION

Contact at ThermFlo	
Select one:	<input type="checkbox"/> Supplier <input type="checkbox"/> Subcontractor <input type="checkbox"/> Subcontractor & Supplier <input type="checkbox"/> Other _____

All invoices require a purchase order number to be paid in a timely manner.

SIGNATURES

Signature	
Name and Title	
Date	

ONCE COMPLETED, PLEASE FORWARD TO: ACCOUNTSPAYABLE@THERMFLO.COM

Thank you!

SERVICE | DESIGN-BUILD | SPECIAL PROJECTS | THERMAL MANAGEMENT | ELECTRICAL AND STANDBY POWER

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