









## **CREDIT APPLICATION**

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Line of Credit Requested: \$	P.O. # Re quired:	OYes ONo	Date:	
Business Name:		_ Phone: (	)	
Address:Street	City State	ZIP	For Past	Years
Shipping Address:				
Manager or Purchasing Authority:			DNB #:	
D/B/A:	Fed. Tax ID #:	ax ID #: Resale #:		
Former Business Address (if applicable): _				
Type of Business:	Date Establishe	d: H	low Long in Busines	ss:
Does State, County, or City Require a Licen	se? OYes ONo	If yes, Lice	nse #:	
OWNERSHIP: O Sole Owner O Part	nership O Corporation			
PRINCIPAL:				
Name	Title		Social Securit	y #
Home Address	Home Phone #			
PRINCIPAL:	Title		Social Securit	y#
Home Address		Home Ph	none #	
TRADE REFERENCES: List your suppliers  Name Account #	of major products and serv  Phone #			
BANK REFERENCES: O Checking Name Address	O Loan Account #		O Savings Contact/Phone #	

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No. of Employees:	Estimated Annual Sales	Sales Area:	
	it's Principals ever been bank	rupt? O Yes O No	
Mortgage Holder/Land	llord:		
Address:		Ph:	( )
OTHER BUSINESS DE	BTS:		
Name	Address		Balance Due
Person to contact about acco	ount	Title	9
Name	Address		Balance Due
Person to contact about acco	erson to contact about account Title		
will be placed on credit card Applicant agrees to pay any allowed by the state law and	terms. Reinstatement to open terms we collection cost incurred to collect the unany reasonable attorney fees and / or other contents.	ill require submission of current financia paid balance, including but not limited to costs incurred.	
Undersigned	☐ WILL NOT Submit a Finant at the information submitted is true and	correct. The undersigned also authoriz	es Arrow Industries to investigate the
Signature	Please Print Name	Signature	Please Print Name
an individual or individuals, a contract and guarantee to Arinext after the date of this appeternand for payment on applany security held by Arrow Innotices to which the undersign	ng extended by Arrow Industries to the proprietorship, a partnership, a corportor industries the faithful payment, who lication. The undersigned guarantor or icant, protest, and notice to undersigned dustries, extension of time of payment		parantor or guarantors each hereby for purchases made within five years e of this guarantee, presentment, and default by applicant or with respect to
Signature	Please Print Name	Signature	Please Print Name
Date Line of Credit approv		PARTMENT USE ONLY approved:	Approved by:

Comments: \_\_\_

### **CREDIT APPLICATION**

#### **BANK AUTHORIZATION**

Customer Name:	
Address:	
City / State / ZIP:	
I hereby authorize my bank To release any and/or all int	ormation pertaining to my account.
Customer's Signature:	
Date:	
	BANK USE ONLY
Account Number:	
Date Account Opened:	
Average Balance:	
Any N.S.F. Checks:	O Yes O No
Prepared by:	
Title:	
Date:	

Please Fax reply A.S.A.P. to Credit Department Fax 800-662-7769

1210 N Red Gum St. Anaheim, CA 92806 (714) 674-0590 1000 Armand Hammer Blvd. Building C-1 Pottstown, PA 19464 (484) 752-4415

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