



Office Use Only:

ACCT # \_\_\_\_\_ PL \_\_\_\_\_  
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# APPLICATION FOR COMMERCIAL CREDIT

Complete information must be provided for application to be considered

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

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

State \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail \_\_\_\_\_ Type of Business: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

State ID #: \_\_\_\_\_

### Please list Principal Owners, Stockholders, Partners, or Officers of the Company

Name Complete Address Title

- 1). \_\_\_\_\_
- 2). \_\_\_\_\_
- 3). \_\_\_\_\_

### Please list Persons Authorized to Make Purchases

- 1). \_\_\_\_\_
- 2). \_\_\_\_\_

### Please list 4 Trade References

Name Complete Address Phone # FAX #

- 1). \_\_\_\_\_
- 2). \_\_\_\_\_
- 3). \_\_\_\_\_
- 4). \_\_\_\_\_

### Please Provide a Bank Reference

Name \_\_\_\_\_ Complete Address \_\_\_\_\_

Phone # \_\_\_\_\_ FAX # \_\_\_\_\_ Name of Contact: \_\_\_\_\_

How Long With This Bank? \_\_\_\_\_ I hereby certify that the information in

this credit application is correct, and I agree to the terms and conditions stated in Arrowhead Electrical Products' catalogs, price sheets, and other company publications, as they may pertain to ongoing credit transactions. I also understand that my / our account is payable within 30 days of the invoice date, and that any account over 30 days old will be subject to C.O.D. terms without notice. A standard service charge of 1 1/2% per month will be levied on all open balances 30 days past due. Such charges will continue each month thereafter until the account is paid. Any legal and / or collection fees required to secure payment on this account will become my / our responsibility. The completion of this form does not necessarily guarantee open account privileges. I also authorize the above trade and bank references to release the information necessary to make a sound credit decision.

\_\_\_\_\_  
Date Signature of Applicant