



Office Use Only: REV0915

ACCT # _____
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APPLICATION FOR ACCOUNT

Complete information must be provided for application to be considered

Open Term Credit Card C.O.D.

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Type of Business: _____ Years in Business: _____

Federal ID #: _____ State ID #: _____

E-Mail Accounting Promotional Both

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For Credit Card Applications, Please Provide the Following Information: VISA Master Card Discover

Name on Card: _____ CC #: _____ Exp: _____ Code: _____

Please list Principal Owners, Stockholders, Partners, or Officers of the Company
 Name, Title, Complete Address

1) _____

2) _____

Please list Persons Authorized to Make Purchase

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 Number: _____ Fax Number: _____

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.

Signature of Applicant: _____ Printed Name: _____ Date: _____