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ACCT # \_\_\_\_\_
PL \_\_\_\_\_ SR \_\_\_\_\_
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TRTY \_\_\_\_\_ WHSE \_\_\_\_\_

Office Use Only: REV1116

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

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: \_\_\_\_\_