



465 North Berry Street, Brea, CA 92821 . Ph: 800-242-7769 . Fax: 800-652-7769

# CREDIT APPLICATION

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Line of Credit Requested: \$ \_\_\_\_\_ P.O. # Required:  Yes  No Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ For Past \_\_\_\_\_ Years  
*Street City State ZIP*

Shipping Address: \_\_\_\_\_

Manager or Purchasing Authority: \_\_\_\_\_ DNB #: \_\_\_\_\_

D/B/A: \_\_\_\_\_ Fed. Tax ID #: \_\_\_\_\_ Resale #: \_\_\_\_\_

Former Business Address (if applicable): \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_ How Long in Business: \_\_\_\_\_

Does State, County, or City Require a License?  Yes  No If yes, License #: \_\_\_\_\_

OWNERSHIP:  Sole Owner  Partnership  Corporation

PRINCIPAL: \_\_\_\_\_  
*Name Title Social Security #*

*Home Address*

*Home Phone #*

PRINCIPAL: \_\_\_\_\_  
*Name Title Social Security #*

*Home Address*

*Home Phone #*

## TRADE REFERENCES: List your suppliers of major products and services (Open/Active Accounts Only)

<i>Name</i>	<i>Account #</i>	<i>Phone #</i>	<i>Contact</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## BANK REFERENCES:

Checking

Loan

Savings

<i>Name</i>	<i>Address</i>	<i>Account #</i>	<i>Contact/Phone #</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# CREDIT APPLICATION

No. of Employees: \_\_\_\_\_ Estimated Annual Sales \$ \_\_\_\_\_ Sales Area: \_\_\_\_\_

Has the firm or any of its Principals ever been bankrupt?  Yes  No

If Yes, please explain: \_\_\_\_\_

Mortgage Holder/Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ Ph: ( ) \_\_\_\_\_ - \_\_\_\_\_

## OTHER BUSINESS DEBTS:

Name Address Balance Due

Person to contact about account Title

Name Address Balance Due

Person to contact about account Title

In the event that the account is delinquent 30 days, it will be placed on C.O.D. terms. Should the delinquency extend beyond 60 days, the account will be placed on cash-with-order terms. Reinstatement to open terms will require submission of current financial statements and credit data. Applicant agrees to pay any collection cost incurred to collect the unpaid balance, including but not limited to interest on the unpaid balance as allowed by the state law and any reasonable attorney fees and / or costs incurred.

Undersigned  WILL  WILL NOT Submit a Financial Statement

The undersigned warrants that the information submitted is true and correct. The undersigned also authorizes Arrow Industries to investigate the credit references listed.

Signature Please Print Name Signature Please Print Name

## PERSONAL GUARANTEE

In Consideration of credit being extended by Arrow Industries to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Arrow Industries the faithful payment, when due; of all accounts of said applicant for purchases made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby waive all notice of this guarantee, presentment, and demand for payment on applicant, protest, and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by Arrow Industries, extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Any revocation of this guarantee shall be in writing and delivered to Arrow Industries.

Signature Please Print Name Signature Please Print Name

### CREDIT DEPARTMENT USE ONLY

Date Line of Credit approved: \_\_\_\_\_ Credit amount approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Comments: \_\_\_\_\_

## BANK AUTHORIZATION

Customer Name: \_\_\_\_\_

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

City / State / ZIP: \_\_\_\_\_

I hereby authorize my bank \_\_\_\_\_  
To release any and/or all information pertaining to my account.

Customer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## BANK USE ONLY

Account Number: \_\_\_\_\_

Date Account Opened: \_\_\_\_\_

Average Balance: \_\_\_\_\_

Any N.S.F. Checks:     Yes     No

Prepared by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please Fax reply A.S.A.P. to  
Credit Department  
Fax 714-674-0170



Thank You, Credit Department