



CUSTOMER CREDIT APPLICATION

Fax To: 905-373-8301
Phone: 800-293-3210

DATE _____ CREDIT LIMIT APPLYING FOR \$: _____
 COMPANY NAME _____
 ADDRESS _____
 CITY/STATE/PROV _____
 ZIP/POSTAL _____ EMAIL _____
 CONTACT _____ FAX _____
 TELEPHONE _____

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE CORRESPONDENCE FROM ARXX:

EMAIL FAX MAIL

YEARS IN BUSINESS _____ FEDERAL ID (US) _____

INDIVIDUAL ___ SOLE PROP. ___ PARTNERSHIP ___ INCORPORATED ___ YEAR ___

BANK _____
 CONTACT _____ ACCOUNT NUMBER _____
 TELEPHONE _____ FAX _____
 (please include fax number)

SUPPLIERS NOW EXTENDING CREDIT TO YOUR COMPANY

COMPANY _____
 CONTACT _____ FAX _____
 TELEPHONE _____
 (please include fax number)

COMPANY _____
 CONTACT _____ FAX _____
 TELEPHONE _____
 (please include fax number)

COMPANY _____
 CONTACT _____ FAX _____
 TELEPHONE _____
 (please include fax number)

For the purpose of obtaining merchandise to open an account, I certify that the above information is correct, and there are no omissions that would materially effect this application. I also authorize the bank and references to furnish such credit information.

We agree to the following terms: Terms are net 30 days.

Invoices unpaid after 90 days may be sent to collections. Arxx is entitled to reasonable attorney fees and or collection costs.

SIGNATURE _____ TITLE _____

NOTE: ONLY COMPLETED FORMS WILL BE PROCESSED

Office Use Only		
BV Code _____	Regional Manager _____	Warehouse _____