



APPLICATION FOR CREDIT

Thank you for applying for an account at ARC, your credit application is attached. Please fill it out completely and return it as soon as possible for quick processing. After a short inquiry with your credit references, you will be notified of your account number and account status. If you have a standard Credit Form Letter please fill out only the billing address, shipping addresses, accounts payable contact information, and sign your agreement to our payment terms.

If you do not want to fill out a credit application, you do not have sufficient credit history, or prefer to pay by credit card, we can open an account with a credit card number held on file. The card will automatically be billed monthly. If you would like this option, please call 808-536-6148 to set up your account.

Our Billing System:

Each order is billed on a separate invoice unless you request consolidated billing. The invoices will be delivered with the ordered items, but can be mailed separately at your request. At the end of the month you will receive an itemized statement listing all open invoices with balances due. If you have special requests for your invoices processing, please feel free to let us know and we will do our best to accommodate your requests.

Our Terms:

All accounts at ARC are on terms of Net 30 days from invoice date. Accounts that become past due will be charged a finance charge of 1.5% of the total past due amount. This finance charge will be itemized on your monthly statement.

Please note that **all accounts entering 120 days past due will be placed on COD terms if other collection efforts fail.** If your account is placed on COD and you need to place an order, you will be required to pay 10% of your past due amount in addition to the COD amount due. Once your account is brought current and all past due invoices have been paid your account will be reactivated. Should your account be placed on COD for a second time it will remain so permanently unless other arrangements can be made.

Thank you for your support and cooperation.

If you have any questions or concerns feel free to call Brian Watamura at 808-536-6148 or to email brian.watamura@e-arc.com. We look forward to serving your copying and reprographic needs with the service, quality, and dependability that Honolulu and the surrounding areas have come to expect.



Accounting Fax: (808) 536-6151

Application for Credit

Firm Name: _____ Date: _____

Phone: _____ Fax: _____

Billing Address: _____ City: _____ State: _____ Zip _____

Shipping Address: _____ City: _____ State: _____ Zip _____

Resale: Y N If yes, please attach certificate Credit Requested: _____

Full Name of Owner(s) or Authorized Office of Corporation. List home address and zip code for partner or individual

Name of AP Supervisor _____ Name of Authorized Purchasers/Special Instructions _____

Email Address: _____

Phone: _____

AP Fax: _____

Please provide one of the Following:

Individual Tax No: _____ Partnership Tax No: _____ Corporation Tax No: _____

Estimated Annual Sales: _____

Former Business: _____ Location _____

Own or Rent Building: _____ Landlord: _____ Phone: _____

Credit References

Name: 1. _____ 2. _____ 3. _____

Address: _____

Phone: _____

Bank Name : _____

Address: _____

Account No: _____ Officer: _____

Applicant's signature attests responsibility, ability, and willingness to pay our invoices in accordance with the following terms:

Net 30 days from date of our invoices

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize ARC to investigate references listed pertaining to my/our credit

FIRM NAME: _____

BY: _____ **TITLE** _____

BY: _____ **TITLE** _____