



Application for Credit

***Out of state entities, please provide local physical address.**

Company _____
Street _____
City _____ State _____ Zip _____
Telephone _____ Fax _____

Billing Address if Different: _____

Street _____
City _____ State _____ Zip _____

Partnership Sole Proprietorship Corporation LLC

FED ID#: _____

Year Founded or Incorporated _____

President, Owner, or CEO _____

Treasurer/ Controller _____

Accounts Payable Manager _____

Name and Title of Person Responsible for Purchasing:

Credit Limit Requested: \$ _____

Are you exempt from sales tax? Yes No
If yes, please select below, and attach a copy of your state department of revenue exemption certificate. Only the below scenarios qualify for exemption.

___ Qualifying Hospital
___ Tribal/ Government
___ Retail Type: _____

Customer Type: Residential Commercial Other
(Circle One) Construction Construction

D & B #: _____

Special Billing Instructions:

PO required _____

Job name required _____

Other _____

Trade References

Please do not use Credit Cards, Public Utilities, or Whitecap Industries as these firms will not confirm the information you provide. Please provide fax numbers for all references.

Firm Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Account # _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Account # _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Account # _____

Financial Institution _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Account # _____

COPYRIGHT INDEMNIFICATION AGREEMENT: I represent that I am familiar with the copyright laws governing reproduction of copyrighted materials. I warrant that I have received permission from the copyright owner of the film, print, slide, artwork, digital medium or other material (hereafter referred to as "photos") submitted for processing and/or printing to reproduce the photos for the purposes that I intend to use them. I have the legal right to, and do authorize and grant a non exclusive license to ARC and its agents to reproduce the photos and return them to me or my agents.

I understand that the information furnished on this application is for the purpose of obtaining business credit. To the best of my knowledge, the information given is true and correct. Further, I have read the Terms and Copyright License Indemnification Agreement and agree to them as stated.

PERSONAL GUARANTEE: Applicant hereby grants his/her personal guarantee to ARC the payment of invoices for goods and services provided and ordered by the above named company which I represent and I hereby agree to bind myself to pay you on demand any sum which may become due to ARC by the above named Company.

Terms of Credit are Net 30. A finance charge of 1.5% will be added to overdue accounts. The customer agrees to pay all applicable costs and reasonable attorney fees to the extent permitted by law for the collection of payment due under this agreement.

Signature _____

Date _____

Title _____

LOCATIONS

Mesa

133 W. First Avenue
Mesa AZ 85210
Phone 480-833-3912
Fax 480-834-0825

Phoenix

4109 North 12th St
Phoenix, AZ 85014
Phone 602-678-1710
Fax 602-265-6661

Tucson

3955 E. Speedway Blvd, Ste 102
Tucson, AZ 85712
Phone 866-416-5063
Fax 520-322-6811

Service

9299 W Olive Ave, Suite 506
Peoria, AZ 85345
Phone 623-583-4152
Fax 623-298-5388