

Please fill out all fields and send back via email, fax or by mail.



10605 Burt Circle
Omaha, NE 68114

Phone: (402) 597-2400 Fax: (402) 597-8717 Email: omaha.info@e-arc.com

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company Name:

Phone: Fax: E-Mail:

Registered Company Address:

City: State: ZIP Code:

Date Business Commenced:

Sole Proprietorship

Partnership

Corporation

Other

BUSINESS & CREDIT INFORMATION

Primary Business Address:

City: State: ZIP Code:

How long at current address?

Phone: Fax: E-Mail:

Bank Name:

Bank Address: Phone:

City: State: ZIP Code:

CHK Type of Account

Account Number

Checking:

Savings:

Other:



CREDIT APPLICATION FOR A BUSINESS ACCOUNT *continued...*

BUSINESS/TRADE REFERENCES

Company Name:

Address:

City: State: ZIP Code:

Phone: Fax: E-Mail:

Type of Account:

Company Name:

Address:

City: State: ZIP Code:

Phone: Fax: E-Mail:

Type of Account:

Company Name:

Address:

City: State: ZIP Code:

Phone: Fax: E-Mail:

Type of Account:

AGREEMENT

- 1. All invoices are to be paid 30 days from the date of the invoice.
- 2. Claims arising from invoices must be made within seven working days.
- 3. By submitting this applications, you authorize ARC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature: Signature:

Title: Title:

Date: Date:

For any questions regarding this account application please contact our accounts receivable department 402-597-2400