



ARC

345 Clinton Street, Costa Mesa, California 92626
Phone: 949/660-1150 Fax: 949/975-1482

APPLICATION FOR CREDIT

TAXID-SSINUMBER _____

ACCOUNT NUMBER: _____

APPROVED BY: _____

COMPANY NAME (IN FULL): _____

NAME OF QWNER(S): _____

KEY CONTACT(S): _____

TYPE OF BUSINESS: _____ SINCE: _____

PLEASE CHECK ONE: INDIVIDUAL LLC PARTNERSHIP CORPORATION

APPROXIMATE MONTHLY CREDIT USAGE: \$ _____ **WOULD YOU LIKE TO ORDER JOBS ON-LINE ?** YES NO

DO YOU CURRENTLY HAVE OR EVEN HAD AN ACCOUNT WITH ARC? YES NO If so please specify the name or account # _____

BILLING INFORMATION:

ADDRESS/SUITE NUMBER: _____

CITY/STATE/ZIP CODE: _____ PHONE: _____

DELIVERY INFORMATION: (if different from billing information above)

ADDRESS/SUITE NUMBER: _____

CITY/STATE/ZIP CODE: _____

TRADE REFERENCES:

NAME/ADDRESS: _____

CITY/STATE/ZIP CODE: _____ PHONE: _____ CONTACT: _____

NAME/ADDRESS: _____

CITY/STATE/ZIP CODE: _____ PHONE: _____ CONTACT: _____

BANK REFERENCE:

NAME _____ ACCOUNT: _____ PHONE: _____ CONTACT: _____

I hereby certify that this information is complete and accurate to the best of my knowledge and belief. Applicant's signature attests to financial responsibility, ability and willingness to pay all invoices in accordance with ARC's credit terms. Invoices undisputed 45 days after statement date are final and due. Applicant agrees to notify ARC within 30 days of any change in ownership or address.

State sales tax will be added to all invoices unless a valid exemption or resale certificate is on file with ARC. Any exceptions to normal tax status must be relayed to ARC.

Company/Payment Terms:

All invoices and payable net 30 days. A monthly late charge of 1.5% will be paid on all invoices unpaid one month after statement date. In the event of a default, the applicant agrees to pay an additional 28% of amount due for collection, legal and court costs associated.

Company/Applicant: _____ hereby authorizes the release of information from trade references, banks or credit agencies, necessary for ARC to extend credit.

Authorized signature: _____ Title: _____ Date: _____

Print name: _____ E-mail address: _____