



**Rhode Island ARC**  
 335 Webster Avenue  
 Cranston RI 02920  
 www.RIBP.com 401-942-3225

*For Office Use Only:*

CUSTOMER # \_\_\_\_\_

DATE \_\_\_\_\_ SLSM # \_\_\_\_\_

BRANCH \_\_\_\_\_

## APPLICATION FOR CREDIT ACCOUNT

Name of Company \_\_\_\_\_ In Business Since \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Fed ID # \_\_\_\_\_

Line of Business \_\_\_\_\_

*(Check One:)*

Corporation       Partnership       Sole Proprietorship       Non-Profit       Governmental

If Incorporated, Name & Title of Officers \_\_\_\_\_

If Branch or Division, Home Office Address \_\_\_\_\_

\_\_\_\_\_ Home Office Phone # (\_\_\_\_) \_\_\_\_\_

If Sole Proprietorship, Name \_\_\_\_\_ SSN# \_\_\_\_\_

Individual's Home Address \_\_\_\_\_

\_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_

Bank Name \_\_\_\_\_ Account #(s) \_\_\_\_\_

Bank Address \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Bank Contact/Officer \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Estimated Monthly Purchases \$ \_\_\_\_\_ Credit Limit Requested \$ \_\_\_\_\_

Credit References	Address	City/State/Zip	Phone	Fax
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1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Tax Exempt?  Yes  No **Tax Exemption Certificate (not the Permit) must accompany the application**

Are Purchase Orders Required?  Yes  No Would you like to receive a monthly statement?  Yes  No

*The information above is given to obtain an open charge account with ARC. ARC is authorized to make credit inquiries necessary for approval according to the Federal Fair Credit Reporting and U.S. Law 91-508(15USC1681). I certify that the above is correct and that I have the authority to incur liabilities in the name of the company.*

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print/Type Name \_\_\_\_\_ Title \_\_\_\_\_