



To our valued Customers:

Thank you for your interest in ARC. We look forward to handling all of your digital and printing needs.

After completion of the attached Credit Application please fax to our corporate office at 702-436-4030 or e-mail to maggie.allred@e-arc.com. We will immediately begin the process of verifying your references, which typically takes 3 to 5 working days. In the meantime, we are happy to provide our services on a C.O.D. basis until the account can be opened as a Net 30 charge.

In order to expedite your application, we would ask that you do not use utility companies, landlords, credit cards (personal or business) or office supply stores as credit references. Please use trade references connected to your business.

If you would like more detailed information regarding our services, please contact our Sales Department at 702-794-4400 or 800-878-5473.

Sincerely,

Maggie Allred



Date: _____ Customer #: _____

Company Name: _____ In Business Since: _____

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

Delivery Address: _____ City: _____ State: ____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Fed ID #: _____

E-mail address: _____ Nature of Business: _____

Corporation Partnership Individual Incorporated within Last 12 Months

Name & Title of Officers: _____

Have you ever had an account with our firm before? _____

If so, under what name: _____

Do you require a monthly statement? Yes No Purchase Orders Required? Yes No
Job Name Required on Invoices? Yes No Job Number Required? Yes No Tax
Exempt? If yes, please attach resale certificate Yes No

We will be doing business with ARC in: Colorado Nevada Utah

Trade Credit References: *Please list suppliers only. Please, do not include personal or business credit cards, utilities or, freight companies)*

Vendor Name: _____ Account #: _____

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

Phone: (____) _____ Fax: (____) _____

Vendor Name: _____ Account #: _____

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

Phone: (____) _____ Fax: (____) _____

Vendor Name: _____ Account #: _____

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

Phone: (____) _____ Fax: (____) _____

Name or Names of Persons Authorized to Charge on this Account:

1: _____ 2: _____ 3: _____

4: _____ 5: _____ 6: _____

Authorization is hereby granted to release reasonable information, to enable ARC Nevada to establish a credit rating.

Please Print Name and Title of Authorized Signer

Signature