



ARC Richmond
A&E Supply is now ARC

1400 North Boulevard • P.O. Box 11229 • Richmond, VA 23230
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APPLICATION FOR CREDIT ACCOUNT

PLEASE FAX COMPLETED FORM BACK TO: (804) 355-2533

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 Government

Contact Name _____ E-Mail Address _____ @ _____

If Incorporated, Name and Title of Officers _____

If Branch or Division, Home Office Address _____

Home Phone # () _____

Bank Name _____ Account # (s) _____

Bank Address _____ Phone # () _____

Bank Contact/Officer _____ Fax # () _____

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

TRADE REFERENCES (Do not list utilities, security service, delivery service or credit card accounts as references)

	COMPANY NAME	FAX NUMBER	PHONE NUMBER	ACCOUNT NUMBER
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

Tax Exempt? Yes No **If yes, exemption certificate (not a permit) must accompany this application**

Are Purchase Orders Required? Yes No

*The information above is given to obtain an open charge account with Ridgway's, Ltd. Ridgway's is authorized to make any credit inquiries necessary for approval according to the Federal Fair Credit Reporting Act 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. I understand that the credit terms are NET 30. **FINANCE CHARGES APPLY TO ACCOUNT IF PAYMENT NOT RECEIVED WITHIN 30 DAYS AT A RATE OF 1.5%.***

Authorized Signature _____

Print/Type Name _____

For Office Use Only

Approval _____ Account # _____ Approved Limit _____
 Sales Rep _____ Sales Rep # _____ Entered Date _____