

2206 W. EULESS BLVD.
EULESS, TX 76040



PHONE: (817) 267-3611
FAX: (817) 283-2587

DATE _____ 20 _____ SALESMAN _____

COMPANY NAME _____ PHONE _____ FAX _____

MAILING ADDRESS _____

SHIPPING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL ADDRESS (A/P) _____ TAX PERMIT NUMBER _____

CORPORATION _____ SOLE PROPRIETORSHIP _____ PARTNERSHIP _____ OTHER _____

TYPE OF BUSINESS _____ HOW LONG IN BUSINESS _____

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PERSONAL DATA OF OWNER ONLY

(PRESIDENT)

NAME IN FULL _____

HOME ADDRESS _____

PHONE _____ CITY _____ COUNTY _____

STATE _____ ZIP CODE _____ AGE _____ MARITAL STATUS _____

PREVIOUS ADDRESS IF LESS THAN 5 YEARS AT ABOVE ADDRESS

STREET _____ CITY _____ STATE _____ ZIP CODE _____

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BUSINESS TRADE REFERENCES

BUSINESS NAME – CONTACT – EMAIL – FAX

1. _____
2. _____
3. _____
4. _____
5. _____

BANK NAME & ADDRESS _____

PHONE _____ CHECKING ACCOUNT NUMBER _____

CONTACT _____

PLEASE COMPLETE BOTH FRONT AND BACK

THE FOLLOWING NAMED PERSONS ARE AUTHORIZED AS PURCHASING AGENTS AND THE EMPLOYEES OF THE UNDERSIGNED UNTIL WRITTEN NOTICE TO THE CONTRARY IS GIVEN.

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE TERMS GRANTED. THE APPLICANT ALSO ASSUMES RESPONSIBILITY FOR ALL BILLS CONTRACTED IN HIS NAME AT THE DESIGNATED ADDRESS, AND IF DELINQUENT, ALL COLLECTION EXPENSES.

THIS INFORMATION AND THAT GIVEN ON THE REVERSE SIDE IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE (ARROW BOLT & ELECTRIC, INC.) TO INVESTIGATE THE REFERENCES LISTED. I HAVE READ AND FULLY UNDERSTAND THE ABOVE.

DATE _____ SIGNATURE _____

AGE _____ TITLE _____ FIRM NAME _____

CREDIT AGREEMENT
PLEASE READ BEFORE SIGNING

THIS AGREEMENT SUPPLEMENTS ANY EXISTING WRITTEN AGREEMENTS YOU MAY HAVE WITH ARROW BOLT & ELECTRIC, INC. ANY CONFLICT OR CHANGE IN TERMS WITH AN EXISTING AGREEMENT SHALL BE CONTROLLED BY THE TERMS OF THIS AGREEMENT. THIS IS NOT A REVOLVING OR INSTALLMENT AGREEMENT. IT MUST BE PAID IN FULL EACH MONTH. IT IS PROVIDED AS A CONVENIENCE ONLY, AND IS NOT INTENDED AS A MEANS OF LONG TERM FINANCING. IT MAY BE TERMINATED AT ANY TIME FOR ANY REASON. TERMS OF SALE ARE NET 30 DAYS.

ACCOUNTS THAT BECOME DELINQUENT WILL BE SUSPENDED AND INTEREST MAY BE ADDED AT THE RATE OF 1.5% PER MONTH (18% PER ANNUM) AND/OR REPOSSESSION OF GOODS AND/OR COURT ACTION MAY BE TAKEN. THE BUYER WILL BE HELD RESPONSIBLE FOR ALL CHARGES RELATIVE TO THE COLLECTION OF DELINQUENT ACCOUNTS.

I HAVE READ AND UNDERSTAND THE TERMS OF SALE AND AGREE TO THESE. I AM RETAINING A COPY OF THIS AGREEMENT.

_____	_____	_____
DATE	OWNERS SIGNATURE	POSITION

	PRINTED NAME	

NOTE: WE ARE UNABLE TO ACCEPT APPLICATIONS SIGNED BY OTHER THAN THE OWNER OR AN OFFICER OF A CORPORATE ACCOUNT.

ABSOLUTE GUARANTY

The undersigned jointly and severally, promise, agree and guarantee to pay to Arrow Bolt & Electric, Inc. all sums due from the above named credit applicant. This guarantee is a continuing guarantee and a liability of the undersigned shall in no way be affected or diminished by reason of any extension of time or other accommodation that may be granted to the above named firm by Arrow Bolt & Electric, Inc. This guarantee is given in consideration of Arrow Bolt & Electric, Inc. to extending credit to the above named firm and is given to induce Arrow Bolt & Electric, Inc. to extend such credit.

_____	_____
Date	Guarantor

	Guarantor

2206 W. EULESS BLVD.
EULESS, TX 76040



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Dear Customer,

SALESMAN # _____

We are updating our records and would appreciate if you would take a few minutes to fill out this form. We now have the ability to e-mail as well as fax invoices & quotes to you. Please provide any additional Information you think might be useful on a separate sheet of paper. Please fax back to (817) 283-2587, or e-mail to csortore@arrowtexas.com. Thank you for your time.

Company Name _____

Bill To Address _____

City _____ State _____ Zip Code _____

Phone Number (____) _____ - _____

Fax Number (____) _____ - _____

Do you require Purchase Order Numbers? YES (☐) NO (☐)

Are you tax exempt yes (☐) no (☐). (if yes please provide resale certificate.)

Ship To Address _____

City _____ State _____ Zip Code _____

Phone Number (____) _____ - _____

Fax Number (____) _____ - _____

Accounts Payable Contact _____

Phone Number (____) _____ - _____

Fax Number (____) _____ - _____

E-mail _____

Would you prefer invoices to be faxed (☐) or e-mailed (☐).

Purchasing Contact _____

Phone Number (____) _____ - _____

Fax Number (____) _____ - _____

E-mail _____

Company Website _____