



CREDIT APPLICATION

BUSINESS INFORMATION			
Bus. Name:		Bus. Phone:	
Mailing Address:			
Street		City	Prov. Postal Code
Shipping Address: (if different than mailing)			
Street		City	Prov. Postal Code
Bus. Contact:		Bus. Contact Phone:	
Ops. E-mail:		A/P E-mail:	
ARC-1 Sales Rep.:		ARC-1 Depot:	
Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No *Valid Govn't issued ID required to be tax exempt*			
Credit Card Required:			
Credit Card Number		EXP	CVV
Credit Terms are <u>Net 30 Days</u> and may be extended based on status of account.			

CUSTOMER INFORMATION (Non-Business)			
Name:		Phone:	
Mailing Address:			
Street		City	Prov. Postal Code
Shipping Address: (if different than mailing)			
Street		City	Prov. Postal Code
E-mail:			
ARC-1 Sales Rep.:		ARC-1 Depot:	
Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No *Valid Govn't issued ID required to be tax exempt*			
Credit Card Required:			
Credit Card Number		EXP	CVV
Credit Terms are <u>Net 30 Days</u> and may be extended based on status of account.			



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BANK REFERENCE			
Bank Name:			Phone:
Bank Address:			
Street		City	Prov. Postal Code
Contact Name:	Contact Phone:		

TRADE REFERENCES	
Trade Name:	Phone:
Contact Name:	E-mail:
Trade Name:	Phone:
Contact Name:	E-mail:
Trade Name:	Phone:
Contact Name:	E-mail:

Standard Delivery Rate is \$25.00 / Fuel Surcharge is \$8.00 (subject to change). Standard Depot Rate is \$8.00 / Depot Fuel Surcharge is \$6.00 (subject to change).	
You represent you are an authorized representative with authority to enter into this agreement and the information contained in this Application and any attachment is true, correct, and complete. You consent to Vendor obtaining information about you personally and the Applicant from credit reporting agencies and other sources Vendor deems appropriate in considering this application. You consent to the assigned credit terms and authorize the Vendor to charge your credit card if credit terms are not met.	
_____	_____
Signature of Applicant	Date

OFFICE USE (SALES)	
Sales Rep.:	Territory:
Customer Price Bracket	
Hardgoods PB: 1 2 3 4 5	Gases PB: 1 2 3 4 5
Delivery Schedule	
Weekly <input type="checkbox"/>	Bi-Weekly <input type="checkbox"/>
Monthly <input type="checkbox"/>	Call-In <input type="checkbox"/>
Credit Terms are <u>Net 30 Days</u> and may be extended based on status of account.	

OFFICE USE (DEPOTS)		
* Depots are required to collect Credit Card information upon initial purchase. *		
Credit Card Number	EXP	CVV
Is Applicant a current customer?		
How did the Applicant hear about ARC-1?		