



# CREDIT APPLICATION

Also available at [www.arc-1.ca](http://www.arc-1.ca)

CODE

FN-01-001-Credit  
Application.pdf

PAGE

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VERSION

4

DATE APPROVED

23/01/2024

## 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 <b>*Valid Gov't issued ID required to be tax exempt*</b>			
<b>Credit Card Required for Payment of First Purchase:</b>			
Credit Card Number	EXP	CVV	
Please add your initials to authorize recurring credit card payments processed monthly. <input type="text"/>			
<b>Credit Terms are <u>Net 30 Days</u> and may be extended based on status of account.</b>			

## CUSTOMER INFORMATION (Non-Business)

Name:	Phone:		
Mailing Address:			
Street	City	Prov.	Postal Code
Shipping Address: (if different than mailing)			
Street	City	Prov.	Postal Code
<b>E-mail:</b>			
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 <b>*Valid Gov't issued ID required to be tax exempt*</b>			
<b>Credit Card Required for Payment of First Purchase:</b>			
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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**

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

Bi-Weekly

Monthly

Call-In

**Credit Terms are Net 30 Days 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