



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Name		Phone Fax	
E-mail		Date business commenced	
Registered company address		Estimated Order Amount	
City, State ZIP Code		Will you be paying by check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
BUSINESS AND CREDIT INFORMATION			
City, State ZIP Code		Bank name:	
		Phone	
How long at current address?		Account number	
Phone Fax		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
E-mail			
BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

1. All initial orders must be pre-paid.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Pacific Arc to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	



Customer Onboarding Information

Company Name:			To be filled out by Sales Rep:
Orders Contact:			Sales Rep Name:
Name:	Email:	Phone:	Discount Group:
			Terms:
Accounts Payable Contact:			
Name:	Email:	Phone:	
Billing Address:			
Shipping Address:			
UPS or Fed Ex Account # (if applicable):			
Special Shipping or Order Instructions:			