



Salesman: _____

465 North Berry Street, Brea, CA 92821
Ph: 800-242-7769 Fax: 800-662-7769

CREDIT APPLICATION page 1

Line of Credit Requested: \$ _____ P.O. # Required: Yes No Date: _____

Business Name: _____ Phone: () _____

Address: _____ For Past _____ Years
Street City State ZIP

Shipping Address: _____

Manager or Purchasing Authority: _____

D/B/A: _____ Fed. Tax ID #: _____ Resale #: _____

Former Business Address (if applicable): _____

Type of Business: _____ Date Established: _____ How Long in Business: _____

Does State, County, or City Require a License? Yes No If yes, License #: _____

OWNERSHIP: Sole Owner Partnership Corporation

PRINCIPAL: _____
Name Title Social Security #

Home Address Home Phone #

PRINCIPAL: _____
Name Title Social Security #

Home Address Home Phone #

TRADE REFERENCES: List your suppliers of major products and services (Open/Active Accounts Only)

<i>Name</i>	<i>Account #</i>	<i>Phone #</i>	<i>Contact</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANK REFERENCES: Checking Loan Savings
Name Address Account # Contact/Phone #

CREDIT APPLICATION page 2

No. of Employees: _____ Estimated Annual Sales \$ _____ Sales Area: _____

Has the firm or any of it's Principals ever been bankrupt? Yes No

If Yes, please explain: _____

Mortgage Holder/Landlord: _____

Address: _____ Ph: () _____ - _____

OTHER BUSINESS DEBTS:

Name	Address	Balance Due
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Person to contact about account	Title
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Name	Address	Balance Due
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Person to contact about account	Title
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In the event that the account is delinquent 30 days, it will be placed on C.O.D. terms. Should the delinquency extend beyond 60 days, the account will be placed on cash-with-order terms. Reinstatement to open terms will require submission of current financial statements and credit data. Applicant agrees to pay any collection cost incurred to collect the unpaid balance, including but not limited to interest on the unpaid balance as allowed by the state law and any reasonable attorney fees and / or costs incurred.

Undersigned WILL WILL NOT Submit a Financial Statement

The undersigned warrants that the information submitted is true and correct. The undersigned also authorizes Arrow Industries to investigate the credit references listed.

Signature	Please Print Name	Signature	Please Print Name
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PERSONAL GUARANTEE

In Consideration of credit being extended by Arrow Industries to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Arrow Industries the faithful payment, when due; of all accounts of said applicant for purchases made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby waive all notice of this guarantee, presentment, and demand for payment on applicant, protest, and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by Arrow Industries, extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Any revocation of this guarantee shall be in writing and delivered to Arrow Industries.

Signature	Please Print Name	Signature	Please Print Name
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CREDIT DEPARTMENT USE ONLY

Date Line of Credit approved: _____ Credit amount approved: _____ Approved by: _____

Comments: _____

BANK AUTHORIZATION

Customer Name: _____

Address: _____

City / State / ZIP: _____

*I hereby authorize my bank _____
To release any and/or all information pertaining to my account.*

Customer's Signature: _____

Date: _____

BANK USE ONLY

Account Number: _____

Date Account Opened: _____

Average Balance: _____

Any N.S.F. Checks: Yes No

Prepared by: _____

Title: _____

Date: _____

Please Fax reply A.S.A.P. to
Arrow Industries – Credit Department
Fax 714-674-0170



Thank You, Credit Department