

**ACCOUNT INFORMATION  
FOR CC / CHECK CUSTOMERS**

**ARLENCO DISTRIBUTION INC.**  
2965 South 2000 West  
Rexburg, ID 83440

*We appreciate the opportunity to serve you!*

TEL: 208-356-6677 FAX: 208-356-0611

*General Information*

Name of Business: \_\_\_\_\_

Principals: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

*Please furnish exemption certificate.*

(If applicable):

Sales Tax Exempt No. \_\_\_\_\_ State: \_\_\_\_\_

*Request for Check writing privileges?* \_\_\_\_\_ *Request for an account paying with CC?* \_\_\_\_\_

*Bank Reference*

I give my consent that the below institution release standard banking and/or credit information related to my company to Arlenco Distribution, Inc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Account # Checking/Loan: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

*Please complete the following forms: Credit Card Use Authorization, and Organizational Statement, and return all 3 forms to our Rexburg address. If you prefer, you may fax them to (208) 356-0611.*

*Thank you, we appreciate your business.*