

NEW ACCOUNT APPLICATION

ARLENCO DISTRIBUTION INC.

2965 South 2000 West
Rexburg, ID 83440

*We appreciate the opportunity to serve you!
Please mail this application to Rexburg, ID.
We will begin processing it immediately.*

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

General Information

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Ship To Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ Fax: (____) _____

Proprietor/Partner/Corp. Officer Information

Full Name: _____ Title: _____

Address: _____ Phone# _____ S.S.# _____

City: _____ State: _____ Zip: _____ Driver's License #: _____

Full Name: _____ Title: _____

Address: _____ Phone# _____ S.S.# _____

City: _____ State: _____ Zip: _____ Driver's License #: _____

Please Do Not Collect Sales Tax From Us!

We have attached a completed Sales Tax Exempt form. Number: _____

(Without the form, Arlenco Distribution will collect the appropriate sales tax.) State: _____

Bank & Trade References:

I give my consent that the below listed companies/institutions release standard credit information related to my company to Arlenco Distribution, Inc.

Signature: _____ Title: _____

Please Print Name: _____ Date: _____

Bank Name: _____ Address: _____

Account # (Checking): _____ Account # (Loan): _____

Contact Person: _____ Title: _____

Telephone Number: (____) _____

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Company Name: _____
Address: _____
City and State: _____
Phone Number: _____
Fax Number: _____
Account Number: _____

Company Name: _____
Address: _____
City and State: _____
Phone Number: _____
Fax Number: _____
Account Number: _____

Company Name: _____
Address: _____
City and State: _____
Phone Number: _____
Fax Number: _____
Account Number: _____

Company Name: _____
Address: _____
City and State: _____
Phone Number: _____
Fax Number: _____
Account Number: _____

Acknowledgement and Agreement to the Following Terms and Conditions of Sale:

1. I certify that all of the above information is true.
2. I agree to abide by the terms of sales of net 30 days from invoice date.
3. I understand and agree that Arlenco Distribution, Inc. has my permission to conduct a credit investigation including but not limited to bank and trade references and credit bureaus.
4. If this account goes out of terms, I agree that Arlenco Distribution may assess me, and I agree to pay late charges of 1.5% per month as permitted by law, attorney fees, collection agency fees, and other costs associated with collection efforts.
5. In consideration of Arlenco Distribution, Inc. extending credit to the company shown on this application, the undersigned jointly and severally agree to be personally liable for the payment of any amounts owing to Arlenco Distribution, Inc.

By: (signature) _____ Title: _____ Date: _____

Consideration for an increase or establishment of an open line of credit will be given upon receipt of this completed and signed application.

In the event my account goes out of terms, Arlenco has my authorization to apply charges on the following Visa/MasterCard account (circle one)

_____	_____	_____
Account #	3-5 digit code	Exp. Date

Authorized Signature		

We anticipate requiring a Credit Line of \$ _____

ARLENCO DISTRIBUTION INC.
2965 S 2000 W REXBURG, ID 83440
Phone 208-356-6677 Fax 208-356-0611

ORGANIZATION STATEMENT

COMPANY NAME _____

NUMBER OF EMPLOYEES _____

YEAR ESTABLISHED _____

PLEASE DESCRIBE YOUR ORGANIZATION _____

FORM COMPLETED BY _____