

**ACCOUNT INFORMATION
FOR CREDIT CARD 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: _____

Telephone Number: _____ Fax: (____) _____

City: _____ State: _____ Zip: _____

Ship to Address: _____

City: _____ State: _____ Zip: _____

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

(If applicable):

Sales Tax Exempt No. _____ State: _____

Please furnish exemption certificate.

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

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

Thank you, we appreciate your business.

ARLENCO
DISTRIBUTION, INC.

Phone: 208-356-6677 Fax: 208-356-0611

CREDIT CARD AUTHORIZATION

I, _____, hereby authorize Arlenco Distribution to charge the items listed on all Purchase Orders to the following credit card.

COMPANY/ACCOUNT NAME: _____

PHONE NUMBER: _____

TYPE OF CARD: ___ VISA ___ MASTERCARD ___ DISCOVER

NAME ON CREDIT CARD: _____

CREDIT CARD #: _____

(This will be kept on file at Arlenco Distribution for verification of the last 4 digits listed on the purchase order.)

EXPIRATION DATE: _____

(FOR SECURITY PURPOSES WE WILL CALL YOU TO OBTAIN THE 3-4 DIGIT CODE ON THE BACK OF YOUR CARD.) _____

CREDIT CARD STATEMENT MAILING ADDRESS:

STREET _____

CITY _____ **STATE** _____ **ZIP** _____

CARDHOLDER SIGNATURE

DATE

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ORGANIZATION STATEMENT PAGE 1 of 1

COMPANY NAME _____

NUMBER OF EMPLOYEES _____

YEAR ESTABLISHED _____

PLEASE DESCRIBE YOUR ORGANIZATION _____

FORM COMPLETED BY
