

# ArroChem<sup>®</sup> INCORPORATED

SPECIALTY AND INDUSTRIAL CHEMICALS

P.O. Box 5, 201 Westland Farm Road, Mt. Holly, NC 28120  
TEL: 704-827-0216 FAX: 704-822-1150  
email: contactus@arrochem.com



## CREDIT APPLICATION

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

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

Telephone #: (    ) \_\_\_\_\_ Fax#: (    ) \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Telephone #: (    ) \_\_\_\_\_ Fax#: (    ) \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Parent Company: \_\_\_\_\_

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

Telephone #: (    ) \_\_\_\_\_ Fax#: (    ) \_\_\_\_\_

### **OFFICERS & PRINCIPALS**

FULL NAME OF OWNERS (OR AUTHORIZED OFFICER OF CORPORATION) LIST HOME ADDRESS & ZIP CODE FOR PARTNERSHIP OR PROPRIETORSHIP.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

### **COMPANY INFORMATION**

PLEASE CHECK ONE: ( ) PROPRIETORSHIP    ( ) PARTNERSHIP    ( ) CORPORATION    ( ) FRANCHISE

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Estimated Annual Sales: \_\_\_\_\_ SIC Code #: \_\_\_\_\_

Dunn & Bradstreet #: \_\_\_\_\_ Tax ID or SSN#: \_\_\_\_\_

E-mail Address (general): \_\_\_\_\_ Website URL: \_\_\_\_\_

Own or Rent Building (If rent, from whom?): \_\_\_\_\_

**CURRENT TRADE REFERENCES – Fax number is required!**

1. Company: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Telephone #: (     ) \_\_\_\_\_ Fax#: (     ) \_\_\_\_\_

2. Company: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Telephone #: (     ) \_\_\_\_\_ Fax#: (     ) \_\_\_\_\_

3. Company: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Telephone #: (     ) \_\_\_\_\_ Fax#: (     ) \_\_\_\_\_

**ACCEPTANCE OF TERMS**

UPON APPROVAL OF THIS APPLICATION, A 30-DAY ACCOUNT WILL BE OPENED FOR YOUR CONVENIENCE. ALL BILLS ARE DUE IN OUR OFFICE WITHIN 30 DAYS OF THE DATE OF EACH INVOICE. A LATE CHARGE WILL BE ADDED TO ALL AMOUNTS NOT PAID WITHIN 30 DAYS FROM THE DATE OF THE INVOICE AT THE RATE OF ONE AND ONE HALF PERCENT (1.5%) PER MONTH OR 18% PER ANNUM.

IF FAILURE TO PAY ACCORDING TO THE TERMS OF THE AGREEMENT CAUSES THIS ACCOUNT TO BE ASSIGNED OR REFERRED TO AN ATTORNEY FOR COLLECTION, BUYER AGREES TO PAY SELLER'S REASONABLE COLLECTION AND/OR ATTORNEY FEE AND ALL COURT COSTS.

THE UNDERSIGNED HEREBY CERTIFIES THAT HE OR SHE IS DULY AUTHORIZED TO SIGN THIS APPLICATION ON BEHALF OF APPLICANT/BUYER, THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF HIS OR HER KNOWLEDGE AND THAT THE APPLICANT/BUYER HEREBY AGREES TO THE FOREGOING TERMS AND CONDITIONS.

I OR WE HEREBY AUTHORIZE ARROCHEM, INC. TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY OR OUR CREDIT AND FINANCIAL RESPONSIBILITY.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you are seeking credit terms with ArroChem, you need to fill out and sign the top half of the **Bank Credit Release Authorization Form** attached authorizing your bank to complete and send the requested information directly to ArroChem. **This information may be faxed to ArroChem at 704-822-1150 or mailed to the P.O. Box shown above.**

# BANK CREDIT REFERENCE FORM

CONTACT PERSON: \_\_\_\_\_

NAME OF BANK: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

FAX #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

**DEAR BANK OFFICER:**

WE ARE AUTHORIZING THE BANK TO PROVIDE TO ARROCHEM INFORMATION ABOUT OUR OUTSTANDING CREDIT LINE AND PAYMENT HISTORY. THIS INFORMATION WILL BE USED EXPLICITLY FOR THE ESTABLISHMENT OF AN OPEN ACCOUNT AND CREDIT LINE WITH THEM AND IS TO BE KEPT IN STRICT CONFIDENCE.

SIGNED \_\_\_\_\_  
PRINTED NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
COMPANY \_\_\_\_\_  
BANK ACCT NO. \_\_\_\_\_  
DATE \_\_\_\_\_

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SIR/MADAM:

THE ABOVE CUSTOMER IS APPLYING FOR A CREDIT LINE WITH US AND HAS GIVEN YOUR BANK AS A REFERENCE. KINDLY PROVIDE US WITH THE FOLLOWING INFORMATION AND **SEND THIS FORM BACK TO US AT FAX NO. (704) 822-1150.**

FOR ANY QUESTIONS PLEASE CALL US AT (704) 827-0216.

DATE ACCOUNT OPENED: _____	AVG. BALANCED MAINTAINED: _____
LINE OF CREDIT (IF ANY): _____	SECURED?: _____
CREDIT LIMITS: _____	AMOUNT NOW OWING: _____
PAYMENT HABITS: _____	NSF CHECKS: _____
OVERALL CREDIT RATING: _____	

**COMMENTS**

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We assure you that the information provided will be kept strictly confidential. Your immediate reply will be very much appreciated. We would like to thank you in advance for your time. We will be glad to reciprocate in the future should you need our assistance.