

Date: _____ Store# _____

COMMERCIAL CHARGE ACCOUNT APPLICATION

To apply, fill out application and bank information release form and fax or mail both pages to your nearest Arvey Store location. Our terms are strictly net. Payment is due upon receipt of monthly statement. Failure to fully complete all items particularly full names and addresses, may result in delay and inconvenience to you. All information will be held in the strictest of confidence.

Name: (First) _____ (Last) _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

- Printer
- Residence
- Church
- Business/Office
- School
- Janitorial
- Government
- Non-profit Org.

LINE OF CREDIT DESIRED \$ _____ **Number of Years Established:** _____

Accounts Payable Contact _____

Address _____

Branch Office/Division/Parent Company Name(if applicable) _____

Address _____

- Corporation
- Co-Partnership
- Limited Partnership
- Individual Proprietor

SOLE OWNER OR PRINCIPALS. IF PARTNERSHIP, INCLUDE ALL PARTNERS. USE SEPARATE SHEET IF NECESSARY. IF CORPORATION, PROVIDE INFORMATION ON PRESIDENT AND SECRETARY.

Name: (First) _____ (Last) _____

Title: _____ Home Address: _____

City: _____ State : _____ Zip: _____

Phone: _____ Fax: _____

Name: (First) _____ (Last) _____

Title: _____ Home Address: _____

City: _____ State : _____ Zip: _____

Phone: _____ Fax: _____

PERSONS AUTHORIZED BY YOUR COMPANY TO MAKE PURCHASES

1. _____ 2. _____

3. _____ 4. _____

- PURCHASE ORDER REQUIRED PRIOR TO PURCHASE:**
- Yes
 - No

BANK INFORMATION - TAX REFERENCES ONLY

Account#: _____ Business Name: _____

Address: _____ Phone: _____

City: _____ State _____ Zip: _____

Account#: _____ Business Name: _____

Address: _____ Phone: _____

City: _____ State _____ Zip: _____

Date: _____

By: _____

Title: _____

X _____

Signature or owner of responsible agent



Should the Arvey deem necessary to turn over for collection or legal action any sum due, purchaser agrees to pay in addition to late charges in the amount of 1½% per month. The costs of collection and/or legal action, not to exceed 50% of the sum due. If you are purchasing and are tax exempt, please ask for an Arvey certificate of tax exemption form.

Date: _____ Store# _____

COMMERCIAL CHARGE **ACCOUNT APPLICATION** (CONT.)

ARVEY TERMS STATEMENT

1% 10TH NET - Term Agreement

By Signing below, Customer agrees to E-STATEMENT

Payments made by CREDIT CARD, **DO NOT QUALIFY** for the 1% discount.

Date: _____

By: _____

Title: _____

X _____

Signature or owner of responsible agent

