

ARCADE ELECTRONICS, INC.
5655-F General Washington Drive, Alexandria, VA 22312
703-256-4610 Voice 703-941-1325 FAX
Application for Credit

NAME: _____ PHONE: _____ FAX: _____

ADDRESS: _____

SHIP TO ADDRESS: _____

Is your company a ___ Partnership ___ Sole Owner ___ Corporation

If corporation, please list officers and titles:

1.) _____

2.) _____

If Sole Owner or Partnership, please list complete residence address(es):

1.) _____

2.) _____

3.) _____

Please tell us how many years you have been in business: _____ Years

Person to contact regarding invoice payment: _____ Title: _____

Person in charge of purchasing: _____ Phone: _____

BANK REFERENCE: Name: _____ Address: _____

Account No.: _____ Phone: _____ Contact: _____

TRADE REFERENCE: (Suppliers from whom you PRESENTLY purchase)

1.) Name: _____ Address: _____ Fax: _____

2.) Name: _____ Address: _____ Fax: _____

3.) Name: _____ Address: _____ Fax: _____

Customer Signature: _____ Title: _____ Date: _____

Credit Limit Desired (If any): \$ _____ Your Fax #: _____

Tax Exempt No. _____ P.O. #'s REQUIRED ___ YES ___ NO