



1460 W WRANGLER BLVD, SEMINOLE, OK 74868
PH 405-382-0644 FX 405-382-5815
accounting@arrowpump.net

CREDIT APPLICATION

DATE: \_\_\_\_\_

Which of our locations will you be purchasing at? \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ BUSINESS CLASSIFICATION: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ CITY, STATE ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY, STATE ZIP \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ ADDITIONAL #'S: \_\_\_\_\_

OWNER/PARTNER/PRESIDENT: \_\_\_\_\_ YRS IN BUSINESS: \_\_\_\_\_

ACCOUNTING CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

ACCOUNTING EMAIL: \_\_\_\_\_

DOES YOUR COMPANY REQUIRE PO#'S OR HAVE OTHER SPECIAL INSTRUCTIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

BANK REFERENCES

BANK NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ CONTACT: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ CONTACT: \_\_\_\_\_

VENDOR REFERENCES

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

PRINTED NAME & TITLE: \_\_\_\_\_

I (we), understand that the information furnished you on this page is for the purpose of obtaining credit from Arrow Pump. I am authorized in my capacity, to bind my (our) firm accordingly. Our firm understands that Arrow Pump's terms are Net 30 days from date of invoice, and that equipment purchased from Arrow pump remains the property of Arrow Pump until paid.

\*FOR OFFICE USE ONLY\* ACCOUNT OPENED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ ACCT# \_\_\_\_\_