

10450 Drummond Rd • Philadelphia, PA 19154 • Tel 800-523-5367 • Fax 215-501-8275 • accountsreceivable@arbill.com

Arbill Sales Person _____ Date _____

Resale Tax Exempt

The following must be completed in full and will be held in the strictest confidence:

Yes No
if yes, please submit a tax exempt form

Corporation Partnership Sole Proprietorship

_____ Name of Firm	_____ Full Name of Owner(s)
_____ Address	_____
_____ City, State, Zip	_____ EIN or SS#
_____ Telephone Number	_____ AP Contact Email Address (For receiving electronic invoices)
_____ Fax Number	_____ Purchasing Contact Email Address (For ecom ordering)
_____ # of Employees	_____ Date Company Started
_____ Own or Rent Building – If Rent-From, Whom?	_____ Years at Address
_____ Bank Name	_____ Bank Account #
_____ Bank Address	_____ Bank Telephone Number

1. _____ Trade Reference	_____ Telephone Number
_____	_____ Fax Number
2. _____ Trade Reference	_____ Telephone Number
_____	_____ Fax Number
3. _____ Trade Reference	_____ Telephone Number
_____	_____ Fax Number

Estimated Credit Requirements

I certify that all the information on this form is correct and fully understand your terms, and agree to proper payment consideration extended credit. I authorize the above credit references, including the bank to release all pertinent credit information to ~~CE&A~~ **CE&A**. I hereby consent to and authorize the use of a consumer credit report and other business information reports that may be needed from time-to-time. The customer shall be responsible for all collections costs and attorney fees if it becomes necessary to place the account in collection.

Terms: Individual invoices: Net 30.

Arbill reserves the right to amend or revoke credit terms at anytime in its sole discretion and without notice. Any early payment discount which may be offered by Arbill, either now or in the future, will not be applicable to purchases paid for by credit card.

Signature _____
Print Name _____
Title _____
Date _____