



CREDIT APPLICATION



330 Fields Drive, Aberdeen, NC 28315
 Office (910) 944-1883 * Fax (910) 944-1884
 Email: sales@artu.com

Please fill out form and fax or email back to us, thank you!

Federal Tax ID # _____
 In Business Since _____

BILLING ADDRESS

Company Name _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Fax _____
 Email _____

SHIPPING ADDRESS

Company Name _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 A/P Contact Name _____
 Phone _____
 Email _____

Purchase Order Required For All Orders? Yes No

Type of Business (Check One)	Corporation	Partnership	LLC	Sole Proprietorship	Other
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Please complete all information in order to avoid delays in establishing an Open Account

BANK REFERENCES (One Required)

Bank Name _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Type of Account _____
 Account Number _____

Bank Name _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Type of Account _____
 Account Number _____

TRADE REFERENCES

Company Name _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Email _____

Company Name _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Email _____

Company Name _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Email _____

I, _____, (PRINT NAME HERE)
 hereby authorize ARTU-USA, Inc. to make inquiries into the banking and business/trade
 references provided within this application.

_____ (SIGNATURE OF COMPANY PRINCIPAL)

_____ (TITLE) _____ (DATE)