



experience,  
trust, service

800-BLAST-IT  
www.marcousa.com

Autofax #00093258  
page 1 of 2

Updated: 08/29/08  
Form ARF-1 Rev. E

## CREDIT APPLICATION

Entire form must be completed and signed for consideration of open credit terms.

### COMPANY INFORMATION

Company Name		Federal ID#			
Billing Address	City	State	Zip	Phone #	
Shipping Address	City	State	Zip	Phone #	
Date Company Established (MM/DD/YYYY)		Officer/Owner			

Are you a Corporation?  Yes  No      Has the Company ever filed for Bankruptcy?  Yes  No

Parent Company Name					
Address	City	State	Zip	Phone #	

### TRADE REFERENCES *(Having activity within the last 6 months)*

1. Name	City	State	Zip	Phone #	Fax #
2. Name	City	State	Zip	Phone #	Fax #
3. Name	City	State	Zip	Phone #	Fax #
4. Name	City	State	Zip	Phone #	Fax #
5. Name	City	State	Zip	Phone #	Fax #
6. Name	City	State	Zip	Phone #	Fax #

### BANK REFERENCE

Bank Name	Loan Officer		Years With Bank		
Address	City	State	Zip	Phone #	

**CREDIT CARD REFERENCES** (Optional)

_____	_____	_____	_____	_____
Name on Card	Cardholders's Title	Type	Exp. Date	Credit Card #

**ACCOUNT PAYABLE INFORMATION**

_____	_____
Person(s) Responsible for Accounts Payable (Include Title)	Person Responsible for Signing Checks (Include Title)
Are Purchase Order Numbers required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Maximum Credit Requirement

**SALES TAX EXEMPTION INFORMATION**

The following information is required for sales tax compliance:

Our company is NOT subject to sales tax in the state(s) of: \_\_\_\_\_

Our company is engaged as a registered Retailer or Wholesaler as it relates to products purchased from Marco, or products purchased from Marco are used directly in our Manufacturing process, or products purchased from Marco are used on a government project.

\_\_\_\_\_

Sales tax permit number

**Please forward a copy of your sales tax exemption certificate(s) with your completed credit application.**

Our company certifies that if any property so purchased, sales tax free, is used or consumed by us, as to make it subject to Sales or Use Tax, we will pay the tax due direct to the proper taxing authority.

I understand the information provided on this form is to be used by Marco for the purpose of assigning or denying credit. This information is correct and true to the best of my knowledge. I hereby grant permission to Marco to verify the above bank and trade references.

I agree to Marco's terms of sale Net 30. I understand that a finance charge of 1.5% per month (18% per year), as well as all legal and collection fees will be assessed on all accounts sent to collections.

**Under penalty of perjury, I swear the information on this form is true and correct.**

_____	_____	_____
Authorized Signature	Title	Date (MM/DD/YYYY)



For more information call:

**800-BLAST-IT**

Phone: 800-801-8140  
Fax: 563-324-5792  
e-mail: sales@marcouisa.com  
www.marcouisa.com