



AREMAC HEAT TREATING, LLC

CREDIT ACCOUNT APPLICATION

P.O. BOX 90068
CITY OF INDUSTRY, CA 91715 -0068

Phone 626-333-3898
Fax 626-369-2932
Website: www.armac.com
Email: info@armac.com

GENERAL INFORMATION

Company Name		Business Type	
		Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>	
Street Address		Resale Number:	
City:	State:	Zip:	D & B Number:
Tel. No.:	Fax No.:	Attn:	Years in Business:

OWNERSHIP/CONTACTS

Name of Sole Prop., Partner or Corporate Officer:	Title:	Address, City, State and Zip
	Tel No.:	
Name of Sole Prop., Partner or Corporate Officer:	Title:	Address, City, State and Zip
	Tel No.:	
Accounting Contact	Title:	Address, City, State and Zip
	Tel. No.:	

FINANCIAL INFORMATION

Bank of Reference:	Account No.:	Contact Name	
		Title:	Tel. No.:
Real Estate Owned		Value \$	
		Mortgage \$	
Do you pledge or borrow on your accounts receivable? Yes <input type="checkbox"/> No <input type="checkbox"/>		Check basis in which you usually pay merchandise bills:	
If yes, From Whom?		Discount <input type="checkbox"/>	30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/>

TRADE REFERENCES

Company Name	Address, City, State and Zip	Tel. No.:
Contact		Fax No.:
Company Name	Address, City, State and Zip	Tel. No.:
Contact		Fax No.:
Company Name	Address, City, State and Zip	Tel. No.:
Contact		Fax No.:

THE ABOVE INFORMATION IS HEREWITH SUBMITTED FOR THE PURPOSE OF OPENING AN ACCOUNT. THE UNDERSIGNED AUTHORIZES INQUIRY AS TO CREDIT INFORMATION. WE FURTHER ACKNOWLEDGE THAT CREDIT PRIVILEGES, IF GRANTED, MAY BE WITHDRAWN AT ANY TIME.		FOR OFFICE USE ONLY	
Signature		APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>	Date:
Title		Comments:	Initials
Date			