

To **ARLENCO DISTRIBUTION INC.** For the purpose of purchasing with a credit card, the undersigned Applicant furnishes the following information. Applicant represents and warrants said information is true.

RETURN APPLICATION BY MAIL TO :
 ARLENCO DISTRIBUTION INC.
 4774 S. Highway 191, Suite 3
 Rexburg, ID 83440
 OR SCAN & EMAIL TO :
 AR@arlenco.com

| | | | | | | |
|--|--------------|----------------------------------|------|---|------------------|--|
| 1. APPLICANT: BUSINESS OR CORPORATE NAME | | | | | APPLICATION DATE | |
| 2. SHIPPING STREET ADDRESS | | | | CREDIT CARD BILLING ADDRESS: STREET OR P.O. BOX | | |
| 3. CITY | STATE | ZIP | CITY | STATE | ZIP | |
| 4. BUSINESS TELEPHONE NO. | FAX NO. | CREDIT CARD ASSOCIATED TELE. NO. | | YEAR BUSINESS WAS ESTABLISHED | FAX NO. | |
| 5. WE ARE ENGAGED IN THE BUSINESS OF: | | BUSINESS TELEPHONE NO. | | SOLE PROPRIETOR | CORPORATION | |
| | | | | PARTNERSHIP | LLC | |
| 6. CONTRACTOR'S LICENSE NO. | STATE ISSUED | A/P CONTACT NAME | | FAX # / EMAIL | | |

OWNERS (IF APPLICANT IS A SOLE PROPRIETOR OR PARTNERSHIP) OFFICERS (IF A CORPORATION)

| | | | |
|---------|-------|--------------|---------------|
| 7. NAME | TITLE | HOME ADDRESS | HOME PHONE NO |
| 8. NAME | TITLE | HOME ADDRESS | HOME PHONE NO |
| 9. NAME | TITLE | HOME ADDRESS | HOME PHONE NO |

VISA MASTERCARD AMEX DISCOVER

_____ **Credit Card Number**

_____ **Expiration Date**

_____ **Security Code**

Billing Information for Credit Card: PLEASE PRINT

Name on Credit Card: _____

Street Address: _____

City, State and Zip Code: _____

Phone Number of Card Holder: _____

I authorize Arlenco Distribution, Inc., and all assumed or fictitious names under which it does business, and all of its affiliates, parents, subsidiaries, and related companies, to keep the attached copy of my credit card and driver's license information in a locked file, to be charged only upon my written authorization using Arlenco Form AR-109. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms in this form and the terms in the one-time use only form, Arlenco Form AR-109 which I will submit for each payment or purchase that I or my company makes.

Signed _____ Date _____

Name _____ Company _____

Please scan and email or mail the front and back of the credit card, driver's license, all Sales Tax Certificates, and this application. Incomplete applications will not be processed.