



ARROW BOX COMPANY
OF JOPLIN

Credit Application

NAME: _____

COMPANY: _____ OR INDIVIDUAL: _____

FEDERAL ID NUMBER OR SOCIAL SECURITY NUMBER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____ FAX #: _____

E-MAIL: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

PARENT COMPANY: _____

BANK REFERENCES:

BANK NAME: _____ Contact: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

CREDIT OR TRADE REFERENCES:

Name: _____ Contact: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Name: _____ Contact: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Name: _____ Contact: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Estimated Monthly Credit: \$ _____

Signature: _____ **Title:** _____

TERMS 1%-10 DAYS, NET 30 DAYS

3720 EAST 27TH STREET — JOPLIN, MO 64804
PHONE 417-624-2244 — FAX 417-624-8777