

ATTENTION ARC: THIS IS FROM SIERRA PLAN ROOM



ARC Nevada

3325 Pepper Lane, Las Vegas, NV 891209  
main: 702-436-7274 fax: 702-436-4030 mldo.info@e-arc.com

To our valued Customers:

Thank you for your interest in ARC. We look forward to handling all of your digital and printing needs.

After completion of the attached Credit Application please fax to our corporate office at 702-436-4030 or e-mail to [maggie.allred@e-arc.com](mailto:maggie.allred@e-arc.com). We will immediately begin the process of verifying your references, which typically takes 3 to 5 working days. In the meantime, we are happy to provide our services on a C.O.D. basis until the account can be opened as a Net 30 charge.

In order to expedite your application, we would ask that you do not use utility companies, landlords, credit cards (personal or business) or office supply stores as credit references. Please use trade references connected to your business.

If you would like more detailed information regarding our services, please contact our Sales Department at 702-794-4400 or 800-878-5473.

Sincerely,

Maggie Allred

Mercury-LDO is now ARC

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Date: \_\_\_\_\_ Customer #: \_\_\_\_\_

Company Name: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Fed ID #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Corporation  Partnership  Individual  Incorporated within Last 12 Months

Name & Title of Officers: \_\_\_\_\_

Have you ever had an account with our firm before? \_\_\_\_\_  
If so, under what name: \_\_\_\_\_

Do you require a monthly statement?  Yes  No Purchase Orders Required?  Yes  No  
Job Name Required on Invoices?  Yes  No Job Number Required?  Yes  No Tax  
Exempt? If yes, please attach resale certificate  Yes  No

We will be doing business with ARC in: Colorado  Nevada  Utah

Trade Credit References: *Please list suppliers only. Please, do not include personal or business credit cards, utilities or, freight companies)*

Vendor Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Name or Names of Persons Authorized to Charge on this Account:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

4: \_\_\_\_\_ 5: \_\_\_\_\_ 6: \_\_\_\_\_

Authorization is hereby granted to release reasonable information, to enable ARC Nevada to establish a credit rating.

\_\_\_\_\_  
Please Print Name and Title of Authorized Signer

\_\_\_\_\_  
Signature

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