



99 MISSOURI STREET SAN FRANCISCO, CA 94107 PHONE (415) 433.2724 FAX (415) 433.2428

CHARGE ACCOUNT APPLICATION

DATE _____ DATE BUSINESS ESTABLISHED _____

FIRM NAME _____ EMAIL ADDRESS _____

DELIVERY ADDRESS _____ WEBSITE _____

ZIP _____ NUMBER OF PEOPLE IN SF OFFICE _____

BILLING ADDRESS _____ NAME/S OF PRINCIPAL/S _____

ZIP _____ NAME OF BOOKKEEPER _____

PHONE _____ FAX _____

PERSON/S AUTHORIZED TO CHARGE _____

PURCHASE ORDER REQUIRED? YES NO JOB NUMBER REQUIRED? YES NO

DO YOU USE A RESALE # FOR ORDERING SUPPLIES? # _____

DESCRIPTION OF YOUR BUSINESS

<input type="checkbox"/> ADVERTISING	<input type="checkbox"/> GRAPHIC DESIGN	<input type="checkbox"/> LIGHTING DESIGN	<input type="checkbox"/> TELECOMMUNICATIONS
<input type="checkbox"/> ARCHITECTURE	<input type="checkbox"/> HOSPITALITY/RETAIL	<input type="checkbox"/> MODEL MAKING	<input type="checkbox"/> WEBSITE DESIGN
<input type="checkbox"/> DISPLAY/STYLING	<input type="checkbox"/> INDUSTRIAL DESIGN	<input type="checkbox"/> MULTIMEDIA	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> ENGINEERING	<input type="checkbox"/> ILLUSTRATION	<input type="checkbox"/> PHOTOGRAPHY	_____
<input type="checkbox"/> EXHIBIT DESIGN	<input type="checkbox"/> INTERIORS	<input type="checkbox"/> PRINTING	_____
<input type="checkbox"/> FURNITURE DESIGN	<input type="checkbox"/> LANDSCAPE ARCHITECTURE	<input type="checkbox"/> PUBLISHING	

WE WOULD LIKE TO KNOW

IS THERE ANY SUPPLY YOU HAVE HAD TROUBLE FINDING? _____

IS THERE ANY SUPPLY YOU WOULD LIKE US TO STOCK THAT WE DON'T CURRENTLY HAVE? _____

WILL YOU BE USING OUR 3 HOUR DELIVERY SERVICE? _____

WHAT MADE YOU THINK OF OPENING AN ACCOUNT WITH US AT THIS TIME?

<input type="checkbox"/> HAVE SHOPPED AT ARCH ONCE OR TWICE BEFORE	<input type="checkbox"/> SAW THE NAME IN THE PHONE BOOK
<input type="checkbox"/> HAVE BEEN SHOPPING AT ARCH FOR YEARS	<input type="checkbox"/> A FRIEND/COLLEAGUE SUGGESTED I MIGHT WANT TO PURCHASE FROM YOU
<input type="checkbox"/> USED TO ORDER FROM YOU WHEN I WORKED FOR... _____	<input type="checkbox"/> OTHER _____

CREDIT REFERENCE — PLEASE PROVIDE TWO REFERENCES, PREFERABLY LOCAL, OR SEND US A CREDIT REFERENCE SHEET. IF YOU HAVE AN ACCOUNT WITH ANY OF THE FOLLOWING, PLEASE CHECK IT. IF NOT PLEASE LIST TWO LOCAL VENDORS WE CAN CALL AS A REFERENCE.

<input type="checkbox"/> XPEDEX PAPER	<input type="checkbox"/> COPY MAT	<input type="checkbox"/> WALDECK'S	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> ASPEN GRAPHICS	<input type="checkbox"/> COPY SERVICE	<input type="checkbox"/> OTHER _____	PHONE _____
<input type="checkbox"/> BPS	<input type="checkbox"/> FORD GRAPHICS	PHONE _____	FAX _____
<input type="checkbox"/> SILVER BULLET	<input type="checkbox"/> PATRICK & CO	FAX _____	_____

BEFORE YOU COMPLETE THIS APPLICATION, WE WOULD LIKE TO POINT OUT THAT BECAUSE ARCH IS A SMALL, SERVICE ORIENTED DISCOUNT STORE (ALL SUPPLIES AND TOOLS SOLD AT 10%-40% BELOW LIST PRICE), WE CANNOT CARRY YOUR CHARGES BEYOND 30 DAYS. YOUR ACCOUNT WITH ARCH IS A CHARGE ACCOUNT, NOT A CREDIT ACCOUNT. WE EXPECT PAYMENT IN FULL UPON RECEIPT OF EACH MONTHLY STATEMENT SO THAT YOU START EACH MONTH WITH A CLEAN SLATE. IN THE EVENT THAT YOU ARE UNABLE TO MAKE FULL PAYMENT UPON RECEIPT OF YOUR MONTHLY STATEMENT, YOU CAN SAVE YOURSELF CREDIT PROBLEMS BY CHARGING THE BALANCE ON YOUR BUSINESS OR PERSONAL CREDIT CARD.

I/WE AGREE TO ABIDE BY THE TERMS OF THIS CHARGE ACCOUNT AS STATED ABOVE.
SIGNATURES OF PRINCIPAL/S _____