



Arrowhead Systems, LLC
A Regal Rexnord Company
3255 Medalist Drive • P.O. Box 2408
Oshkosh, WI 54903-2408
(920) 235-5562 • (920) 235-3638

APPLICATION FOR CREDIT

Any statement in a purchase order or similar document which is not expressly approved or acknowledged in writing by seller will not be considered as part of agreement between parties.

Accounts are reported to Dunn and Bradstreet monthly. Please note that this Application for Credit may be utilized by Arrowhead Systems, LLC and any of its affiliates or subsidiaries.

APPLICATION IS HEREBY MADE FOR THE EXTENSION OF CREDIT:

BILLING ADDRESS OF BUSINESS:

NAME	PHONE #
STREET	FAX #
CITY, STATE, ZIP	D&B # (if known)

FORM OF BUSINESS: (check applicable box)

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/>
<input type="checkbox"/> Subsidiary	<input type="checkbox"/> Division	<input type="checkbox"/> Joint Venture	<input type="checkbox"/>
PARENT COMPANY	STREET	CITY, STATE, ZIP	PHONE NUMBER
EIN No or (SSN# of OWNERS if other than Corporation):		NAICS No: (if known)	
OWNER'S NAMES:			
LENGTH OF TIME COMPANY HAS BEEN IN BUSINESS:		CREDIT LIMIT DESIRED:	

TRADE REFERENCES:

VENDOR NAME	ADDRESS	PHONE NUMBER	E-MAIL ADDRESS

ACCOUNTS PAYABLE CONTACT INFORMATION:

CONTACT NAME	PHONE NUMBER	E-MAIL ADDRESS
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SALES TAX EXEMPT? YES NO

Please attach copy of Tax Exemption Certificate and Financial Statement. If a tax exemption certificate is not provided, applicable taxes will be bill to you. If a tax exemption form is provided after tax has been billed, you will need to apply for the refund from the state at your sole expense.

THIS IS NOT A PERSONAL GUARANTEE:

I/We hereby represent that I/we are authorized to submit this application on behalf of the customer named on this page, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/we hereby authorize **Arrowhead Systems, LLC and its affiliates and subsidiaries** to investigate the references listed pertaining to my/our credit and financial responsibility. I/we further represent that I/we have the financial ability and willingness to pay all invoices in the established terms.

BY:	Title:
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Return application by fax to 920-235-3638 Attn: Kelly or by e-mail to kelly.dotson@regalrexnord.com or phone 920-235-5562 ext. 2305 with questions.