ATTENTION ARC: THIS IS FROM SIERRA PLAN ROOM



ARC Nevada

3325 Pepper Lane, Las Vegas, NV 891209 main: 702-436-72724 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.

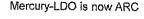
After completion of the attached Credit Application please fax to our corporate office at 702-436-4030 or e-mail to maggie.allred@e-arc.com. We will immediately begin the process of verifying your references, which typically takes 3 to 5 working days. In the meantime, we are happy to provide our services 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





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Date:	· · · · · · · · · · · · · · · · · · ·	Customer #:			
Company Name:	in Business Since:				
Billing Address:		City:	Sta	te: Zíp:	
Delivery Address:	 	City:	Sta	te:Zip:	
Phone: ()					
E-mail address:	N	lature of Busine	ess:		
Corporation Partners			_	rithin Last 12 Months	
Name & Title of Officers:					
Have you ever had an account with our lf so, under what name:	firm before?_				
Do you require a monthly statement? Job Name Required on Invoices? Exempt? If yes, please attach resale ce	🔙 Yes 🔲 N		Orders Required per Required? o	d? Yes No Yes No Tax	
We will be doing business with Al	RC in: C	olorado 🔲	Nevada] Utah □	
Trade Credit References: Please list suppli	ers only. Please, do ı	not include personal o	r business credit cards, t	utilities or, freight companies)	
Vendor Name:					
Address:		City:	State	e:Zip:	
Phone: ()	Fax: ()			
Vendor Name:	· · · · · · · · · · · · · · · · · · ·	Account #:			
Address:	· · · · · · · · · · · · · · · · · · ·	City:	State	e:Zip:	
Phone: ()	Fax: ()			
Vendor Name:		A	count #:		
Address:		City:	State	e: Zip:	
Phone: ()	Fax: ()			
Name or Names of Persons Authorized	to Charge on t	this Account:			
1:2:			3:		
4: 5:					
Authorization is hereby granted to establish a credit rating.					
Please Print Name and Title of Authorized Signer		Signature			

SPR