



Arch Sewing Machine Co.

Credit Application

CUSTOMER INFORMATION

Business Name: _____

Owner's Name: _____

Business Address: _____

Mailing Address: _____

Telephone Number: _____

Fax Number: _____

Resale Number: _____

TRADE REFERENCES *(at least two)*

Name: _____

Name: _____

Address: _____

Address: _____

Contact Person: _____

Contact Person: _____

Telephone: _____

Telephone: _____

BANK ACCOUNT INFORMATION

Bank Name: _____

Account#: _____

Bank Address: _____

Bank Telephone Number: _____

Contact Name: _____

Please FAX credit application to:
215.627.2034

Or mail it to:

Arch Sewing Machine Company
659 Callowhill Street
Philadelphia, PA 19123

Call with Questions:
215.627-1768 • 1.800.272.4739

Sales Person: _____ Date: _____

■ PHONE

215.627.1768

1.800.272.4739

■ FAX

215.627.2034

■ EMAIL