



# ARKO ASSOCIATES, INC.

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COMPANY NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ IN BUSINESS SINCE: \_\_\_\_\_

CORPORATION, SOLE PROPRIETOR OR PARTNERSHIP: \_\_\_\_\_

NAMES OF PRINCIPALS OR OFFICERS: \_\_\_\_\_

RESALE LICENSE/PERMIT #: \_\_\_\_\_ **(ATTACH COPY)**

BILL TO ADDRESS: \_\_\_\_\_

SHIP TO ADDRESS: \_\_\_\_\_

RECEIVING DAYS/HOURS: \_\_\_\_\_ PHONE: \_\_\_\_\_

BANK REFERENCE: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TRADE REFERENCE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TRADE REFERENCE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TRADE REFERENCE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

I hereby certify that the above information is correct to the best of my knowledge. I authorize bank and above creditors to release any and all information to Arko Associates, Inc. I agree to abide by the terms and conditions of sale by Arko Associates, Inc.

\_\_\_\_\_  
Signature Printed Name & Title Date