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CREDIT APPLICATION

CUSTOMER INFORMATION

Bill To: _____

Ship To: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

FAX: _____

E-mail: _____

Doing Business as (circle one): Individual Partnership LLC Corporation

Type of Business: _____

Years Established: _____

Owners of Business: _____

Tax Exemption #: _____

BANK REFERENCE

Name of Bank: _____

Account #: _____

Address: _____

Contact Person: _____

Telephone: _____

Fax #: _____

TRADE REFERENCES

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Account #: _____

Account #: _____

Name: _____

*SIGNATURE _____

Address: _____

*TITLE _____

Phone: _____

Fax: _____

*DATE _____

Account #: _____

**PLEASE NOTE THAT OUR TERMS ARE NET 30 DAYS OF INVOICE.
 APPLICANT'S SIGNATURE INDICATES WILLINGNESS TO PAY ASI DISTRIBUTORS
 AND ALLOWS ASI TO OBTAIN CREDIT INFORMATION.**