

ASGCO[®]

Complete Conveyor Solutions

CREDIT APPLICATION

A. Company Name _____ Date _____

Bill-To-Address

Street Address _____

City _____

State _____ Zip _____

Ship-To-Address

Street Address _____

City _____

State _____ Zip _____

Previous Address _____ How Long? _____

Telephone Number (_____) _____

B. Name of Principals of Firm, Partnership or Corporation

President/Principal _____ Treasurer _____

Vice-President _____ Controller _____

A/P Contact _____

Please Check One: () Corporation - Date of Incorporation _____

State of Incorporation _____

() Partnership - Date Started _____

() Sole Proprietor - Date Started _____

() Subsidiary or () Division of _____

Parent Company _____ Does Parent Guarantee Debts? () Yes () No

Address of Parent _____

Type of Business _____ Number of Years in Business _____



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C. Please List (5) References - Print Full Name, Address and Phone Number of Suppliers

	<u>Name</u>	<u>Address</u>	<u>Phone#</u>
1.	_____	_____	(____) _____
2.	_____	_____	(____) _____
3.	_____	_____	(____) _____
4.	_____	_____	(____) _____
5.	_____	_____	(____) _____

D. Bank Reference - List Full Name, Address and Phone Number

Name _____ Phone Number (____) _____

Address _____ Controller _____

Contact at Bank _____

If PA, MD or NY* Company, Are You Tax Exempt? () Yes - Attach Tax Exempt Form () No

*If You Are A NY Company, Please List Your County _____

The above Information Is For The Purpose of Obtaining Credit And Is Warranted To Be True. I/We Hereby Authorize The Firm To Whom This Application Is Made To Investigate The References Listed Pertaining To My/Our Credit And Financial Responsibility.

Applicant's Signature Attests Financial Responsibility, Ability And Willingness To Pay Our Invoices In Accordance With ASGCO's Terms.

Firm Name _____

Signature _____ Title _____

Signature _____ Title _____

All The Above Information Will Be Held Within The Strictest Confidence Of ASGCO'S Credit Department.