



P.O. Box 596, Pilot Mountain., NC 27041
Phone: (800) 257-4075 Fax: (800) 257-4076

CREDIT APPLICATION

Application Information:

Date: _____
Company Name: _____
City, State, Zip: _____
Accounts Payable
Address (if different): _____
Phone Number: _____
Fax Number: _____
Years in business: _____ Sales Volume: _____

Legal Entity: Sole Proprietorship
(choose one) Partnership
 Corporation / State _____
 Limited Liability Company (LLC)

Is there a Parent Corp. or Subsidiary:
 parent / name: _____
 subsidiary / name: _____

Federal EIN: _____

ASI Membership #: _____

ASI Membership (years): _____

Accounts Payable Contact: _____ Phone Number: _____

Principle Officer/Owner:

** Name of Owner/Officer: _____ Phone Number: _____
Home Address: _____ City: _____ State: _____ Zip: _____

Bank References:

** Bank Name: _____ Account Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact: _____ Phone Number: _____

** Bank Name: _____ Account Number: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact: _____ Phone Number: _____

Trade References: (Currently purchasing from)

** Company Name: _____ Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

** Company Name: _____ Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

** Company Name: _____ Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

** Company Name: _____ Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

** Company Name: _____ Contact: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____