



Customer Information/Credit Application			
Company name:		Amount of Credit Requested:	
Phone:	Fax:	Website Address:	
Mailing Address:			
City:		State:	ZIP Code:
Date Business Opened:		FEIN or SS #:	
Sole Proprietorship:	Partnership:	Corporation:	Other:
Owner/Officer Name:		Owner/Officer Phone #:	
Business Information			
Physical Address:			
City:		State:	ZIP Code:
AP Contact Name:			
Telephone:	Fax:	E-mail:	
Banking Information			
Bank Name:		Account #:	
City:		State:	ZIP Code:
Contact Name:		Fax:	
Business/Trade References			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Signature:		Printed Name:	
Title:		Date:	

Please email credit application to rgatlin@asfglobal.net or fax to 843-628-1206 Attn: Ron Gatlin