



Credit Application

General Business Information

Ashcom Technologies, Inc. Representative:

Legal Business Name: _____

Parent/Affiliated Companies (if applicable): _____

Street Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Phone: (____) _____

Fax: (____) _____

Fax: (____) _____

Federal Tax ID#: _____

Dun & Bradstreet #: _____

Type of Business: Individual Partnership Corporation

Estimated Annual Sales: _____

Years in Business: ____ Year of Inc: ____ State of Inc: ____

Credit Requested: _____

Are purchase orders used? Yes or No

Individual responsible for Invoices: _____

Individual's email address: _____

Name of owner, partner or officers and titles if Incorporated:

Name: _____

Name: _____

Title: _____

Title: _____

Home Address: _____

Home Address: _____

City: _____ State: ____ Zip: _____

City: _____ State: ____ Zip: _____

Social Security #: _____

Social Security #: _____

TRADE REFERENCE INFORMATION

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Phone #: (____) _____

Phone #: (____) _____

Fax #: (____) _____

Fax #: (____) _____

Acct. #: _____

Acct. #: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Phone #: (____) _____

Phone #: (____) _____

Fax #: (____) _____

Fax #: (____) _____

Acct. #: _____

Acct. #: _____

