

# ASH GROVE RESOURCES, L.L.C.



5375 SW 7th Street, Suite 400 • Topeka, KS 66606-2552  
BUS: 785/267-1996 • ORDER DESK: 800/643-7608 • FAX: 785/267-4360

## APPLICATION FOR A 30 DAY ACCOUNT and Personal Guarantee of Payment

Name of Firm/Corporation: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

The following information is submitted for your consideration as a basis of extension of credit to use.

We operate \_\_\_\_\_ Type of Business. We have been established \_\_\_\_\_ years.

Our legal entity is:  Corporation  Co-Partnership  Proprietorship

The following are four trade references that we are presently doing business with.

\_\_\_\_\_  
Company Name Address City State Zip Phone Fax email address

\_\_\_\_\_  
Company Name Address City State Zip Phone Fax email address

\_\_\_\_\_  
Company Name Address City State Zip Phone Fax email address

\_\_\_\_\_  
Company Name Address City State Zip Phone Fax email address

We bank at:

\_\_\_\_\_  
Name Address City State Zip Phone Fax email address

\_\_\_\_\_  
Name Address City State Zip Phone Fax email address

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_ Title \_\_\_\_\_

### Authorization to Release Information

I hereby authorize our bank (s) to release information necessary to assist in establishing a line of credit.

Authorized by: \_\_\_\_\_ Title \_\_\_\_\_

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## CUSTOMER INFORMATION FORM

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

A/P E-mail address: \_\_\_\_\_

Accounts Receivable Contact: \_\_\_\_\_

A/R E-mail address: \_\_\_\_\_

Is the company tax exempt? YES  NO

If company is tax exempt please provide a tax exemption certificate.