

Process & Thermal Solutions Since 1965

APPLICATION FOR CREDIT

Legal Name of Business:			
Mailing Address:			
 City:		State:	Zip:
Phone:		Fax:	
Sole Proprietorship Partner	rship 🗆 Corpo	oration Established	Date:
Nature of Business:			
Subsidiary of:			
Division of:			
Website:		Email:	
TAX STATUS: Fully Taxable □	*Resale □ *	Machinery & Equipmen	nt Exempt \square
*If tax exempt, please attach ta	x exemption ce	rtificate when returning	this credit application.
TRADE REFERENCES			
Fill in Name, City, State, Zip, Pho	one and Email		
1)			
2)			
3)			
BANK REFERENCE			
Fill in Bank Name, City, State, Zi	p, Phone, Conta	act Name and Email	
1)			
ACCOUNTS PAYABLE E-MAIL AD By providing the accounts payable email, w		Equipment Co. to send invoices	via email, with no paper invoice to follow.
OUR TERMS OF SALE Net 30 days. We do not accept apply. No custom manufactured		•	ization. Restocking charges may dit, or exchange.
Authorized Signature	Title	Printed Name	

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Batavia, IL 630-406-0300 Rockford, IL 815-226-9083 Waukesha, WI 262-574-0595

Appleton, WI 920-738-9799