

Issued To: A Service A Plus LLC
2290 County Rd 334
Fulton, MO 65251
Phone 573-642-2593
Fax 573-642-0896

A SERVICE A –PLUS LLC
Web site - www.asapmed.com
e-mail - Info@asapmed.com
**CONFIDENTIAL CREDIT
APPLICATION**

ASAP Office Use Only
Account No. _____
Credit Limit _____
Approved By _____ Date _____

Name _____ Phone No. _____ Ext. _____

Address _____ Fax No. _____

City _____ State _____ Zip _____

EIN# _____ SS# _____ RESALE# _____

Established in 19____. Corporation Other _____ Taxable Yes No

Name & Address of Parent Company _____

E-Mail address _____ Company Web Site _____

Your account will be C.O.D. until application has been submitted and approved. Applications must be complete before we will process, or issue terms other than C.O.D.

Credit Line Requested \$ _____

Name of Bank _____ Bank Officer _____

Account No. _____ Phone No. _____

Address _____ Fax No. _____

City _____ State _____ Zip _____

TRADE REFERENCE # 1

Name _____ Phone No. _____

Address _____ Fax No. _____

City _____ State _____ Zip _____

TRADE REFERENCE # 2

Name _____ Phone No. _____

Address _____ Fax No. _____

City _____ State _____ Zip _____

TRADE REFERENCE # 3

Name _____ Phone No. _____

Address _____ Fax No. _____

City _____ State _____ Zip _____

Applicant's signature attests responsibility, ability, and willingness to pay invoices in accordance of A Service A Plus LLC Company terms. Terms: Net 30 1 ½% service charge after 30 days 18% A.P.R. (Or the legal rate if less)

The above information is for the purpose of obtaining credit and is warranted to be true. I hereby authorize A Service A Plus LLC to investigate the listed references. I further agree to be liable for reasonable legal and collection expenses.

Date _____ Signed By _____ Title _____