



All Supplies and Parts, Inc.  
 dba ASAP Compressors  
 P.O. BOX 127 • UPPERCO, MARYLAND 21155  
 (410) 752-1700 email@asapcompressors.com

## CREDIT APPLICATION

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

Billing address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

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

Acct Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Prefer to receive invoice via email at:** \_\_\_\_\_

The following information is submitted for your consideration as a basis of extension of credit:

We operate: \_\_\_\_\_ (Type of business)      Established for \_\_\_\_\_ years

Our legal entity is: \_\_\_\_\_ Corporation    \_\_\_\_\_ Co-Partnership    \_\_\_\_\_ Proprietorship    \_\_\_\_\_ LLC

FID#: \_\_\_\_\_ Tax-exempt#: \_\_\_\_\_ (if Applicable)  
*Please include a copy of tax exemption certificate*

(If a corporation, list names of officers and titles. If other entity, list names of partners or owners & SSN)

NAME	TITLE/SOC.SEC.NO.	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

COMPANY	ACCOUNT #	CONTACT	PHONE/FAX
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

We bank at:  
 \_\_\_\_\_

**TERMS: NET 30 DAYS. LOSS OF TRADE DISCOUNTS AFTER 60 DAYS. SERVICE CHARGE OF 1-1/2% PER MONTH AFTER 30 DAYS. PURCHASER AGREES TO PAY LEGAL AND/OR COLLECTION COSTS ON DELINQUENT INVOICES.**

The undersigned hereby certifies that he/she is authorized to sign on behalf of the company and has been informed of ASAP's terms and conditions of sale and agrees to abide by same. In addition, the signature below authorizes release of credit information.

\_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

SEE REVERSE

