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8 MAPLE STREET SUITE # 11, PORT WASHINGTON, NEW YORK 11050

1-800-314-8202 TEL 516-767-6061 FAX-516-767-6062

CREDIT APPLICATION

COMPANY NAME				
ADDRESS				
CITY	STA	λΤΕ.	ZIP CODE	
()	()			
PHONE	() FAX	EMAIL		
FORM OF OWNERSHIP	🗆 Individual 🛛 🗆 Partners	ship 🗌 Corporation		
OWNER(s)/PARTNER(s)	NAME(s) Address		Title	
CREDIT REFERENCES (M Name	IUST BE COMPLETED) Address	City, State,& Zip	Phone	Fax
BANK INFORMATION				
Name	Bank Officer		Pho	ne
officers, directors, or owner the benefit of creditors?	Financial statemen rs of the company ever filed a volun lf Yes, who and when ever been filed against this company	tary petition in bankruptcy, k	been adjusted bankrupt or n	nade an assignment for
		-	•	
How long in business?		Taxable	e: 🗌 Yes 🗌 No 🛛 TAX ID)
	will abide by the terms and conditio e, and accept these terms of sales.	ns of <u>ASLANTRENDS</u> (CIRCLE	ONE) NET 30 / NET 60) payment terms.
Signature		Date	Title	
Personal Guarantee For				
hereafter incurred. The un costs incurred in the collect of the undersigned hereur below, each shall be liable USA CORP In writing or un shall apply only to indebte	(Applicants' Company Name) ees payment of all indebtness incurre idersigned also agrees to pay to ASL ction of such indebtness. It shall not nder to first institute suit or pursue of hereunder jointly and severally. The stil notice is received by ASLANTREN edness arising thereafter and shall no orporate title invalidates the persona	ANTRENDS USA CORP reasor be necessary for ASLANTREN or exhalt its remedies against e guarantee shall remain in fu IDS USA CORP from the unde ot affect the guarantee of ind	able attorney's fees, collect DS USA CORP in order to en the applicant. If more than Ill force and effect until rele rsigned, although such noti	ion costs or any other force the obligations one individual signs ased by ASLANTRENDS ce by the undersigned
Signature		Date		
Signature		Date		

PLEASE SIGN ALL SECTIONS AND FAX TO 516-767-6062