

BUSINESS CREDIT APPLICATION

AUGUSTA ASPHALT

P.O. Box 486
Appling, GA 30802
706-228-3041
Attn: Credit Division

For fast credit approval
Please print & fax
this form to:
706-228-3044

Company Name _____ Type of Business _____ Phone Number _____ Fax Number _____

Billing Address _____ Shipping Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Type of Ownership: Corporation Partnership Sole proprietor _____ Years in business: _____

Government Non-Profit _____ Tax Exempt? Yes No
(If yes, please include resale card with application)

Parent company names (If different than above): _____

Address _____ Fax Number _____

City _____ State _____ Zip _____

Bank References

1. _____
Name _____ Phone Number _____ Fax Number _____
Account Number _____ Contact: _____

2. _____
Name _____ Phone Number _____ Fax Number _____
Account Number _____ Contact: _____

Open Accounts References

1. _____
Name _____ Phone Number _____ Fax Number _____
Address _____ City _____ State _____ Zip _____

2. _____
Name _____ Phone Number _____ Fax Number _____
Address _____ City _____ State _____ Zip _____

3. _____
Name _____ Phone Number _____ Fax Number _____
Address _____ City _____ State _____ Zip _____

AUTHORIZED SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

Inter Office Use Only
CREDIT LIMIT: _____ DATE: ___/___/___
APPROVED BY: _____