

ASHTON LOGISTICS

Applicant:			
Name of Business (<i>trade style</i>):			
Legal Name of Business:			
Street Address (Billing):			
City, State, Zip Code:			
Phone Number:			
Name of Person to Contact For Payment:			
Are checks issued from mailing address? () Yes () No If NO, list name, address, & telephone number of responsible party:			
Ownership () Proprietorship () Partnership () Corporation	Name of Owner (Proprietor, Partners, or principal)		
How long have you been in business () years at present location () years	Have you ever filed bankruptcy? () yes () no When? Status?		
Do you currently have a judgement against you? () yes () no	What type of business are you in?		
Do you have insurance on inventory? () yes () no	Estimated inventory value? \$		
Are your business assets encumbered? () yes () no	Are you a member of a buying group? () yes () no		
REFERENCES - List primary vendors and give complete information?			
Name	Account Number	Phone Number	Fax Number
Street Address, City, State, Zip Code			
Name	Account Number	Phone Number	Fax Number
Street Address, City, State, Zip Code			
Name	Account Number	Phone Number	Fax Number
Street Address, City, State, Zip Code			
Bank Name	Account Number	Phone Number	Fax Number
Street Address, City, State, Zip Code			
Balance sheet and Income Statement () Attached () Will Mail Directly			