

Ash Grove Resources, L.L.C.

5375 SW 7th St Suite 400

Topeka, KS 66606-2552

Bus: 785-267-1996 * Order Desk: 800-643-7608 * Fax: 785-267-4360

APPLICATION FOR A 30 DAY ACCOUNT and Personal Guarantee of Payment

Date: _____

Name of Firm or Corporation _____ Phone No. _____

Street _____

City _____ State _____ Phone No. _____

The following information is submitted for your consideration as a basis of extension of credit to use.

We operate _____ We have been established _____ years.

(TYPE OF BUSINESS)

Our legal entity is: Corporation Co-Partnership Proprietorship

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

(COMPANY NAME) (STREET ADDRESS) (CITY, STATE, ZIP) (PHONE #)

(COMPANY NAME) (STREET ADDRESS) (CITY, STATE, ZIP) (PHONE #)

(COMPANY NAME) (STREET ADDRESS) (CITY, STATE, ZIP) (PHONE #)

(COMPANY NAME) (STREET ADDRESS) (CITY, STATE, ZIP) (PHONE #)

We bank at:

(NAME) (STREET ADDRESS) (CITY, STATE, ZIP)

(NAME) (STREET ADDRESS) (CITY, STATE, ZIP)

Date _____ Signed by _____ Title _____

Tax Exempt No. _____ (Please attach certificate)

Authorization to Release Information

I hereby authorize our bank (s) to release information necessary to assist in establishing a line of credit.

Authorized by: _____

Title: _____