

ASH GROVE RESOURCES, L.L.C.



5375 SW 7th Street, 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

Name of Firm/Corporation: _____

Street _____ City _____ State _____ Zip _____

Phone: _____ Fax: _____

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

We operate _____ Type of Business _____ We have been established _____ years.

Our legal entity is: Corporation Co-Partnership Proprietorship

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

Company Name Address City State Zip Phone Fax email address

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Company Name Address City State Zip Phone Fax email address

Company Name Address City State Zip Phone Fax email address

We bank at:

Name Address City State Zip Phone Fax email address

Name Address City State Zip Phone Fax email address

Date: _____ Signed by: _____ Title _____

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 _____