



ASTA DOOR CORPORATION

APPLICATION FOR CREDIT

_____ ACWORTH

_____ ATL NORTH

_____ ATL SOUTH

_____ HOUSTON

Corporate Office Address:
4255 McEver Industrial Drive
Acworth, Georgia 30101

Phone: (770) 974-2600
Fax: (770) 974-1455
Attention: Credit Manager

DATE:		CONTACT NAME:	
BUSINESS NAME:		CONTACT EMAIL:	
DBA (TRADE STYLE):			
ADDRESS:		CITY:	
STATE:	ZIP:	PHONE:	FAX:
PRESENT OWNERSHIP SINCE:		CORPORATION:	PARTNERSHIP: OTHER:
RESALE #:		FEDERAL TAX #:	
BUILDING: _____	LEASED: _____	OWNED: _____	P.O. # REQUIRED ? : _____

WOULD YOU LIKE TO RECEIVE YOUR INVOICES ELECTRONICALLY? YES _____ NO _____
 IF YES, PLEASE EMAIL MY INVOICE TO : _____

ARE YOU TAX EXEMPT? YES _____ NO _____ - MUST BE ANSWERED (Otherwise your application will not be processed)
 IF YES, PLEASE ATTACH A COPY OF ALL APPLICABLE TAX EXEMPTION CERTIFICATES (Required to process your application)

PRINCIPALS OR OFFICERS OF CORPORATION: (By signing below I authorized you to check my credit)

NAME:	SOCIAL SECURITY #:
RES. ADDRESS:	RES. PHONE:
NAME:	SOCIAL SECURITY #:
RES. ADDRESS:	RES. PHONE:

BANK REFERENCE:

NAME:	EMAIL:		
ADDRESS:	PHONE:		
CITY:	STATE:	ZIP:	FAX:
ACCOUNT #:	LOAN:	LINE OF CREDIT:	

MAJOR SUPPLIERS: ** Please Complete Phone/Fax Numbers and Emails of Suppliers **
 TO ENSURE TIMELY PROCESSING OF YOUR CREDIT APPLICATION, PLEASE COMPLETE ALL OF THE ABOVE INFORMATION

NAME:	NAME:		
ADDRESS:	ADDRESS:		
CITY & STATE:	ZIP:	CITY & STATE:	ZIP:
PHONE:	FAX:	PHONE:	FAX:
EMAIL:	EMAIL:		
NAME:	NAME:		
ADDRESS:	ADDRESS:		
CITY & STATE:	ZIP:	CITY & STATE:	ZIP:
PHONE:	FAX:	PHONE:	FAX:
EMAIL:	EMAIL:		

AGREEMENT:
 On behalf of myself and/or my company, I/we hereby authorize ASTA Industries, Inc, d/b/a ASTA Door Corporation ("ASTA"), its agents, and/or any other credit bureau or other investigative agency employed by ASTA, to investigate any reference herein listed, or any statements, or any other data obtained from any other person pertaining to my credit and financial responsibility. I/we hereby indemnify and hold ASTA harmless from any and all liability from such investigation and its receipt and/or use of such information. I/we understand that all accounts are to be settled in full in accordance with the terms extended by ASTA, and that any past due balances are subject to a finance charge of 1.5% per month (Annual Percentage Rate 18%). My signature attests my/our financial responsibility, ability, and willingness to pay my/our invoices in specific accordance with such terms. In the event that any legal action is necessary to secure payment on account, I/we agree to pay all court costs and reasonable attorney's fees incurred in the collection of such payment. **The Terms and Conditions of Sale for ASTA can be found on the ASTA website (www.astadoor.com), apply to all transactions between the parties.**

This Credit Application and Payment Agreement shall remain in effect, unless and until it is replaced by another fully executed Credit Application and Payment Agreement. Unless stated otherwise, the parties hereto specifically agree that the terms of this **Credit Application and Payment Agreement** shall not be superseded by any other agreement, document, integration clause, or other writing or agreement even if such explicitly states that all prior understandings shall be merged or integrated (or similar language) into such agreement. It is the express and stated intent of the parties that this **Credit Application and Payment Agreement** shall control all of terms of payment between the parties, for any and all transactions between them.

Customer Signature: _____ Title: _____ Date: _____