

ASSET RESEARCH SERVICES INC.

LICENSED & BONDED PRELIMINARY NOTICE SERVICE

PO Box 7562 Chandler AZ 85246 • Voice: (800) 783-9636 • Fax: (877) 853-0067 • www.assetresearch.com

APPLICATION FOR CREDIT

COMMERCIAL **INDIVIDUAL**

In submitting this application I authorize you to investigate my credit record. I understand that my charge account will be based upon my credit information alone.

Name of Business Organization
or Individual: _____

Business Phone: _____ Fax Number: _____

Email Address 1: _____ Email Address 2: _____

Mailing Address: _____ City, State: _____ Zip: _____

Business Address: _____ City, State: _____ Zip: _____

Owner's Home Address: _____ City, State: _____ Zip: _____

Owner's Phone: _____ Fax Number: _____

Owner's Email: _____

Type of Business: _____

Years in this Business: _____ Number of Employees: _____ Federal Tax ID: _____

Business Operated as: Corporation Sole Proprietorship Partnership Other: _____

Financial Statement Enclosed: Yes No

Corporations / Other

Registered Agent: _____

Agent's Address: _____ City, State: _____ Zip: _____

Agent's Phone Number: _____ Fax Number: _____

President: _____ Vice-President: _____

Secretary: _____ Treasurer: _____

Partnerships and Sole Proprietorships Only

Name 1: _____ S/S#: _____

Name 2: _____ S/S#: _____

Name 3: _____ S/S#: _____

Contractor's State License #: _____ Business License #: _____

Bonding Company Name: _____ Bond Amount: _____

Bonding Company Agent's Name: _____

Bonding Company Agent's Address: _____ City, State: _____ Zip: _____

Principal Bank Name: _____
 Branch Name: _____ City, State: _____ Zip: _____
 Secondary Bank Name: _____
 Branch Name: _____ City, State: _____ Zip: _____

APPLICATION FOR CREDIT - CONTINUED

Trade References

Name 1: _____
 Address: _____ Account #: _____
 Name 2: _____
 Address: _____ Account #: _____
 Name 3: _____
 Address: _____ Account #: _____

Have there have been any judgments, bankruptcy, garnishments or other legal proceedings against you? If none please state "NONE". If any, give particulars.

Personal Guarantee

The undersigned agrees that if credit is extended by the company or its subsidiaries that payment will be made by the 10th of the month following services. On the 25th of each month a 1.5% service charge will be added to delinquent accounts (with a minimum \$1.00 charge). In the event that it becomes necessary to engage legal assistance to collect a delinquent account, the undersigned agrees to pay all costs of collection plus reasonable attorneys fees. I/We hereby authorize any institution to release credit information concerning myself/ourselves or business to the company and subsidiaries to disclose factual information regarding record of payment. Each person undersigned, individually, and jointly and severally, personally guarantees payment, immediately when due, of all indebtedness and/or liabilities, of whatever character, now owing, or which may hereafter be owing, or become due, from the above-identified business to the creditor being given this credit application and personal guaranty. The furnished credit, and a separate action or actions may be brought and prosecuted against guarantors, or any of them, whether action is brought against the business being extended credit or whether the business being extended credit is joined in any such action or actions. An action may be brought against the guarantors, or any of them, without the necessity of the creditor making a formal demand on the principal debtor for payment and without first having proceeded against the principal debtor. Venue for a legal action which arises as a result of debtor/guarantor's failure to pay amounts justly due and owing upon proper demand therefore, shall be in the State of Arizona, Maricopa County.

Name of Account: _____ Date: _____
 Signature of Applicant 1: _____ Name: _____ Title: _____
 Signature of Applicant 2: _____ Name: _____ Title: _____
 Signature of Applicant 3: _____ Name: _____ Title: _____

RWS Web Online Access Request Form

(Your) Company Name:	
ARS Main Client #:	< To be assigned – leave blank >
Company Address:	
(Your) Contact Name:	
Best Phone # To Use:	
Best Time of Day to Call:	
Please provide the following information for at least one user. Each user will receive an email containing site access information.	<p>First/Last Name: _____ Phone: _____ Fax: _____ Email Address 1: _____</p> <p>First/Last Name: _____ Phone: _____ Fax: _____ Email Address 2: _____</p> <p>First/Last Name: _____ Phone: _____ Fax: _____ Email Address 3: _____</p> <p>Email addresses can be up to 35 characters long – PRINT LEGIBLY!</p>