



CONFIDENTIAL CREDIT APPLICATION

Name of Company:

Physical Address: _____ City/State/Zip _____

Billing Address: _____ **City/State/Zip** _____

- 1. Sole Proprietorship
- 2. General Partnership
- 3. Corporation

Type of Business

Note: If #1 or #2 is checked, please fill in the following:

Principle Name Home Street Address City/State/Zip SS#/DOB

Tax Status **Taxable** **Resale**

Estimated Annual Sales: _____

Estimated Net Worth: _____

Assets: _____ Liabilities: _____ Date: _____

Rated in D&B? Yes No DUNS: _____

Accounting Contact Information.

**Trade References**

Business Name

Address

City/State/Zip

Phone/Fax

Bank References Please include account numbers.

† The Company, herein applying for credit recognizes that Aircraft Parts Logistic has certain "Term and Conditions" that apply to, and govern, all quotations and sales.

- The Company, herein applying for credit, agrees to pay any service charges, if applicable, and all legal and collection costs, including reasonable attorney fees if necessary.

I certify that the facts contained in this application are true and complete to the best of my knowledge. I hereby authorize the investigation of all references listed above to obtain pertinent information and understand that any information obtained is held in strictest confidence. I authorize full release of information pertaining to my bank accounts currently or previously held with your organization. My signature below authorizes full releases of this information over the phone and/or fax to Aircraft Parts Logistic.

AUTHORIZED SIGNATURE: _____ TITLE: _____

PRINT OR TYPE NAME: _____ DATE: _____

To be filled by Aircraft Parts Logistic Authorized Agent:

*Credit Limit: _____ * Terms: _____

*Salesperson: _____ Account# _____