



2310 NW 55 COURT, BAY #128 FORT LAUDERDALE, FLORIDA 33309
PHONE: (954) 739-3575 FAX: (954) 739-9514

CREDIT APPLICATION

DATE: _____
Account #: _____
SALESPERSON: _____

LEGAL COMPANY NAME:

Mailing address: _____ Shipping Address: _____

BUSINESS INFORMATION:

Type of organization: () Corporation () Partnership () Single Owner
Federal ID#: _____
Date Business Started: _____
Tax Exempt: () Yes () No (if tax exempt, please attach copy of resale certificate)
Number of employees: 1-10() 11-30() 31-50() 51-100() Over 100()

CONTACT INFORMATION:

President: _____ Phone: _____
Vice President: _____ Fax: _____
Accounting: _____ email: _____

BANK INFORMATION:

Bank Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Phone: _____ Fax: _____
Contact: _____

TRADE REFERENCES: (PLEASE PROVIDE ONLY USA AVIATION REFERENCES)

Company A: _____ Fax: _____
Phone: _____
Company B: _____ Fax: _____
Phone: _____
Company C: _____ Fax: _____
Phone: _____

Delinquent Accounts will be charged a finance charge of 24% per annum.
Should account be turned over to collection agencies, customer agrees to pay all attorney and or collection fees.
Should legal proceedings become necessary, venue will be Broward Country, Fl.
This Application authorizes AIRPARTS COMPANY, INC. to contact applicants Bank and references for complete credit disclosure.
NOTE: Application will not be processed without signature.

Signature of corporate officer

Printed name