

Form ACCT-10 Business Credit Application

COMPANY INFORMATION

Company Name: _____ Bill to Address: _____
Ship to Address: _____ City: _____ State: _____
City: _____ State: _____ Postal Code: _____ Country: _____
Postal Code: _____ Country: _____ Phone Number: _____
Fax Number: _____ Principal Name(s): _____
Parent/Subsidiary/Branch: _____ A/P Contact(s): _____
A/P Email Address: _____ Duns (D&B) Number: _____
FEIN/SSN Number: _____ In Business Since: _____
Form of Business: Corporation LLC Partnership Sole Proprietor Other: _____

BANK REFERENCES

Bank Name: _____
Address: _____ Email Address: _____
City: _____ State: _____ Postal Code: _____ Country: _____
Account Number: _____ Phone Number: _____ Fax Number: _____

TRADE REFERENCES

Company Name: _____
Address: _____ City: _____ State: _____
Postal Code: _____ Country: _____ Account No: _____
Phone No: _____ Fax Number: _____ Email: _____
Company Name: _____
Address: _____ City: _____ State: _____
Postal Code: _____ Country: _____ Account No: _____
Phone No: _____ Fax Number: _____ Email: _____
Company Name: _____
Address: _____ City: _____ State: _____
Postal Code: _____ Country: _____ Account No: _____
Phone No: _____ Fax Number: _____ Email: _____

AUTHORIZED SIGNATURE

Signature: _____ Date: _____

Printed Name/Title: _____

Signature certifies authority to act on behalf of applicant and authorizes Credit Review and release of banking and/or financial information. Terms of payment are Net 30 with payment due in advance until net terms approved. Each invoice will be subject to a .875% charge per month if not paid according to approved account terms. Should applicant default in payment, Everts Air shall be entitled to additional incurred collection costs and attorney's fees to the unpaid balance.

Accounting Use Only

Date Account Established: _____

Customer Number: _____