

4123 W. MAY

WICHITA, KANSAS 67209



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CREDIT APPLICATION

COMPANY NAME _____

ADDRESS _____ CITY _____ ST _____

ZIP _____ TELEPHONE _____

TYPE OF BUSINESS _____ PERSON TO CONTACT _____

OWNERS/OFFICERS _____ TITLE _____

DATE BUSINESS STARTED _____

TRADE CREDIT REFERENCES

1. COMPANY NAME _____

ADDRESS _____

PHONE, FAX & CONTACT PERSON _____

2. COMPANY NAME _____

ADDRESS _____

PHONE, FAX & CONTACT PERSON _____

3. COMPANY NAME _____

ADDRESS _____

PHONE, FAX & CONTACT PERSON _____

Thank You

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F.A.A. Certified Station TM2R192L

Accessories Inc

CREDIT APPLICATION

BANK REFERENCES

1. NAME _____

ADDRESS _____

PHONE _____ ACCT. # _____

CONTACT PERSON _____

MONTHLY LINE OF CREDIT DESIRED _____
 (OUR CREDIT POLICY, NET 30)

PERSONS WHO ARE AUTHORIZED TO PURCHASE ON CREDIT:

NAME _____ TITLE _____

NAME _____ TITLE _____

I/WE WARRANT THE INFORMATION SHOWN ABOVE TO BE TRUE. I/WE AUTHORIZE THE PERSON TO WHOM THIS APPLICATION IS SUBMITTED TO INVESTIGATE THE REFERENCES HEREIN, STATEMENTS, OR OTHER DATA OBTAINED FROM ME/US OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL RESPONSIBILITY.

I/WE UNDERSTAND THAT IF GRANTED AN ACCOUNT, INVOICES WILL BE PAID BY CREDIT TERMS. I FURTHER UNDERSTAND THAT THE CREDIT LIMIT WILL BE ESTABLISHED AFTER A FULL CREDIT REPORT AND I/WE WILL NOT EXCEED THE CREDIT LIMIT WITHOUT PRIOR APPROVAL FROM THE CREDIT MANAGER. I ALSO UNDERSTAND THAT IF THE ACCOUNT IS NOT PAID WHEN DUE, THERE MAY BE A LATE CHARGE APPLIED TO THE UNPAID BALANCE UNTIL PAID IN FULL, AND IF NOT PAID WITHIN 60 DAYS, THE ACCOUNT WILL BECOME CASH ON DELIVERY.

DATE _____ BY _____

TITLE _____

Thank You

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