



## CREDIT APPLICATION

BUSINESS NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_ FAX \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 SHIPPING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 OWNER'S HOME ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 DRIVERS LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_ SS# \_\_\_\_\_  
 SPOUSE'S NAME \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
 ESTIMATED MONTHLY PURCHASES \$ \_\_\_\_\_ SALES TAX # \_\_\_\_\_  
 BUSINESS TYPE:  PARTNERSHIP  CORPORATION  LLC  
 IS A PURCHASE ORDER REQUIRED?  YES  NO  
 PERSON(S) AUTHORIZED TO BUY \_\_\_\_\_

BANK - SAVINGS ACCOUNT # & ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 BANK - CHECKING ACCOUNT # & ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

TRADE REFERENCES - 3 REQUIRED:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

**AIRCRAFT ACCESSORIES OF OKLAHOMA, INC. TERMS:** *Net 30. Pay from invoice. Late charges accrue at a rate of 1.5% on unpaid balances. 20% RESTOCKING FEE ON ALL RETURNED GOODS. Please enclose a current financial statement.*

I promise to pay my monthly purchases by the terms of AIRCRAFT ACCESSORIES OF OK, INC. each month. I further assume responsibility of all bills contracted in my name or the business name at the above address. In the event it becomes necessary for the company to incur any collection costs or suits to collect under this agreement, the undersigned promises to pay such additional costs of collection and such sum as the court may judge reasonable as attorney's fees on said suit. Furthermore, I agree to pay a finance charge of 1.5% per month on delinquent accounts.

**PERSONAL GUARANTEE - WITHOUT A SIGNATURE IN THIS SECTION, THIS APPLICATION WILL NOT BE ACCEPTED.**

In consideration of AIRCRAFT ACCESSORIES OF OK, INC., extending credit to \_\_\_\_\_ hereby personally guarantee any and all amounts owed by the above named corporation to AIRCRAFT ACCESSORIES OF OK, INC. I further agree that on demand I shall personally pay all amounts owed by said corporation to AIRCRAFT ACCESSORIES OF OK, INC. In the event it becomes necessary for your company to incur any collection costs or cost of suits that the court may judge as reasonable attorney's fees to said suit to collect the monies owed, I agree to pay any and all such costs of collection.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_