

## **CREDIT APPLICATION**

## **PART I - ACCOUNT INFORMATION**

\* Indicates required field

Name of Firm*:				
Bill To				
Address*:			1	
City:			Partnership Proprietorship	
State:	Zip:			
Phone*:		— Email Address for Invoid	Email Address for Invoicing and Statements*	
Fax*: ( )				
Officers/Owners*	- Title	Phone*		
Person to Contact Regarding Financial Ma	atters: Name*:	Title:		
Primary Type of Business:				
Date Business Started:	Incorporated i	n State of:		
PART II - CREDIT REF				
	Street Address	:		
	State:			
Phone*:	Fax or Ema	.il*:		
Company*:	Street Address	:		
	State:			
Phone*:	Fax or Ema	ail*:		
Company*:	Street Address	:		
City:	State:	Zip:		
Phone*:	Fax or Ema	il:		
	<b>TAGREEMENT</b> (CREDIT TERMS) <b>TERMS: NET 30 DAYS</b>			
<ol> <li>All accounts and charges not paid in full in due shall incur late charges computed at a ra- 3. The undersigned also agree(s) to pay all cos enforcing such indebtedness and in enforcin 4. Remit payments to: Aircraft Spruce &amp; Specific Agree and A</li></ol>	following the date of the invoice. Any account accordance with (1) above will be subject to late ate of 1-1/2% per month on such outstanding ac st of collection, legal expenses and attorneys fee ng this agreement. ecialty Co., PO Box 4000 Corona, CA 92878- aid by check or wire transfer. If a credit card	e charges. All accounts that are more t ecount balance. es paid or incurred by Aircraft Spruce <b>4000</b> .	than thirty (30) days past in collecting and / or	
SIGNATURE AND CUST	OMER AGREEMENT			
Name of Firm or Individual*:	]	Date:		
(By) Signature:		Title:		
	by an officer of the company			
For Office Use Only:				
Approved or Declined:	Line of	Credit:		

**PART IV - SUBMIT** Please mail, fax or email your application to: Aircraft Spruce • PO Box 4000, Corona, CA 92878-4000 • Fax: (951) 372-0166 christineeddy@aircraftspruce.com and orm@aircraftspruce.com