

Company:	Date:
Address:	Phone:
	Fax:
City:	Email:
State:	
Zip:	
Country:	

Type of Business: Corporation Partnership Sole Proprietor LLC

Year Started:	Years at Present Location:										
<table border="1"> <thead> <tr> <th>Name of Principles in order of importance</th> <th>Position/Title</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Name of Principles in order of importance	Position/Title								
Name of Principles in order of importance	Position/Title										
Bank:											
Address:											
Account #:	Phone:										
	Contact:										

Has your company ever filed proceedings under Bankruptcy Laws? Yes No

What are your anticipated monthly purchases from Aircraft Specialties, Inc.?

Vendor References		
Company Name	City/State	Phone #

I hereby certify the information in this credit application is correct and understand ASI may also utilize other sources of credit which it considers reliable. Further, I hereby authorize the trade references listed to release the information necessary to establish Credit. In making this application for credit I agree to pay all invoices pursuant to the terms and conditions stated on invoices. In the event that suit is necessary to collect any amount, I agree to pay reasonable collection/attorney fees and costs including attorney fees for appeal.

Printed Name:	Position/Title:
Signature:	Date: