



# Corporate Credit Application

What Monthly Credit Line are you requesting? \_\_\_\_\_

## Company Information

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Owners or Officers

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

## Accounts Payable Information

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Accounting Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you wish to have Invoices/Statements emailed?

Email: \_\_\_\_\_

Resale Sales Tax Number: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Incorporated in State of: \_\_\_\_\_

RESALE TAX #: \_\_\_\_\_ DATE BUSINESS STARTED: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ INCORPERATED IN STATE OF: \_\_\_\_\_

## Bank References

Bank Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Banker Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

DUN AND BRADSTREET #: \_\_\_\_\_

Make/Model/Serial # of Aircraft: \_\_\_\_\_

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**Trade Credit References (Providing email contact will expedite the process for credit authorization)**  
**3 MINIMUM REFERENCES REQUIRED**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Note: A Copy of your latest financial Statement must accompany this application**

## Credit Terms

Credit terms are net 30 from the date of the invoice. Outstanding balances are subject to a 1.5% per month interest. The undersigned authorizes and releases all banks, persons, and companies listed on this application to furnish information and authorizes the checking of credit. The undersigned agrees to pay all collection cost, court costs, and legal fees incurred to collect delinquent balances.

## Credit Card Payment Terms

\*\*\*In the event of payment with a Credit Card, for Progress Payments, purchases or balances on accounts that exceed \$5000.00 will incur a 3.5% Service Charge at the time of the transaction. \*\*\*

\*\*\*DAS Aviation may terminate this agreement at anytime of breach of contract.\*\*\*

I/We warrant the information on this application 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.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please return completed form to [dasbilling@dasaviation.com](mailto:dasbilling@dasaviation.com)**