



11175 W. EMERALD BOISE, ID. 83713-8932
PHONE: (208) 378-9888 FAX: (208) 378-9889
EMAIL: staff@aerospecialties.com

CREDIT APPLICATION

Name of Firm

Address

Yrs @ this address _____

Phone _____

Fax _____

City, State, Zip Code

Corporation _____ Partnership _____ Sole Proprietor _____

Tax ID # _____ If Tax Exempt, please include Certificate of Exemption

Name & Address of Bank

Phone _____

CREDIT REFERENCES:

1) _____
Company Name Address
Phone Fax

2) _____
Company Name Address
Phone Fax

3) _____
Company Name Address
Phone Fax

Accounts Payable Contact _____ Phone _____

Accounts Payable Fax _____ e-mail _____

Unless otherwise stated, all accounts due are Net 30. A 1.5 percent per month interest charge will be assessed on all past due accounts.

I certify that the information on this form is correct. I fully understand and agree to the credit terms stated by Aero Specialties.

Signed: _____ Date _____

For _____