



## **Credit Update Application Form**

**Please complete and sign all forms enclosed pertaining to our credit application to maintain an open account with Aero Controls, Inc. An open account cannot be maintained without a current signed credit application on file. Please verify all phone and fax numbers are accurate, as incorrect numbers will cause a delay in the credit process.**

**Please provide a re-sale certificate or sales tax exemption certificate. You may contact us immediately if there are any questions or concerns regarding this application.**

**We appreciate your interest in our company and look forward to a continued mutually profitable relationship.**

**Regards,**

**Accounting Department**

**PH: 253-269-3110**

**EML: [accounting@aerocontrols.com](mailto:accounting@aerocontrols.com)**

**Return Fax #: 253-269-6695**

**Enclosures**



## APPLICATION FOR CREDIT

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Company Name			
Address	Street		
	City e	State	ZIP
	Country		
Mailing Address	Street		
	City	State	ZIP
	Country		
Person to contact			
For Accounts Payable	Phone	Fax	Email
No of Years in Business		<b>Tax ID #</b>	
Ownership Type	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation		
Requested credit amount			
PO Required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Authorized Personnel <small>(List personnel who can authorize purchases and/or repairs)</small>	1.		
	2.		
	3.		
	4.		

*TERMS: We understand that all Invoices will be due and will be paid by the 30th day from the invoice date. I also understand that all past due accounts will be charged at rate of 18% APR based on a monthly average method. I agree to pay all costs, including but not limited to, court costs, attorney's fees, and collection agency charges, which may be incurred or expended. I agree to submit to jurisdiction and venue in King County Washington in the event that a dispute arises regarding this agreement. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.*

**Name :** \_\_\_\_\_ **Signature :** \_\_\_\_\_  
(Print your Name)

**Title :** \_\_\_\_\_ **Date :** \_\_\_\_\_  
**(Must be an officer of the company)**



## BANK/TRADE REFERENCE

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### Bank Reference

Bank Name		Account#
Address	Street	
	City	State
	ZIP	
	Country	
Person to contact		
	Phone	Fax ( <b>REQUIRED</b> ):
	Email:	

### Trade References

1. Company		
Address	Street	
	City	State
	ZIP	
	Country	
Person to contact		
	Phone	Fax ( <b>REQUIRED</b> ):
	Email:	
2. Company		
Address	Street	
	City	State
	ZIP	
	Country	
Person to contact		
	Phone	Fax ( <b>REQUIRED</b> ):
	Email:	
3. Company		
Address	Street	
	City	State
	ZIP	
	Country	
Person to contact		
	Phone	Fax ( <b>REQUIRED</b> ):
	Email:	



**BANK AUTHORIZATION**

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**To Whom it May Concern:**

**Due to the tightening of regulations in the divulging of credit information, banks are now requiring written authorization from their depositor for release of any information in regards to their checking account.**

**When you return your completed credit application, please sign this authorization for your bank and return it also.**

**Thank You!**

**Date:** \_\_\_\_\_

**I give my permission for the release of information about my account as required from Aero Controls, Incorporated.**

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

**Account Number:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_