



## Credit Application Instructions

Completing the credit application provides Avgroup with the necessary information to access the approval of a Net 30 account. The following items **must** be completed:

- ▶ All pages should be initialed and the Credit Agreement signed and dated.
- ▶ Credit Information Release page should be signed and dated.
- ▶ Trade Credit References should include address, phone and fax numbers, email address for account representative and account number.
- ▶ References should not be landlords, fuel suppliers or utilities.
- ▶ Bank Reference(s) should include address, phone and fax numbers, email address for account officer and account number.
- ▶ Submit sales tax exemption certificate

Fax pages to 770-986-4304

or

Email to:

[pete@avgroup.net](mailto:pete@avgroup.net)

## Credit Agreement

The undersigned (hereinafter referred to as "Customer") hereby makes this application for credit on Net 30 terms to Avgroup, Inc. (hereinafter referred to a "Avgroup"). Avgroup, at its sole discretion, shall have the right to terminated any credit extended, at any time without notice. Any account over 15 days past due will be placed on credit card terms and will not be returned to Net 30 until the account is current and has been reviewed by the Controller. Customer acknowledges that the information furnished to Avgroup in connection with this application, or in any other oral or written form, will be relied upon by Avgroup in extending credit to Customer and represents and warrants that such information is true, accurate and complete to the best of our knowledge, information and belief.

\_\_\_\_\_

Customer/Company Name

\_\_\_\_\_

Signed By (Print Name)

\_\_\_\_\_

Signature

\_\_\_\_\_

Title (Owner/Partner/Officer)

\_\_\_\_\_

Dated

\_\_\_\_\_

Avgroup Approval

\_\_\_\_\_

Initials

## Credit Application

**Full Legal Business Name**

**Billing Address**

**City/State/Zip**

<input type="text"/> Phone Number	<input type="text"/> Fax Number
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**Principal Officer/Owner**

**Website Address**

**Shipping Address**

**City/State/Zip**

**Accounting Contact**

**E-Mail Address**

Circle One:

Organization (circle one):  Corporation  Partnership  Proprietorship  Subsidiary

<input type="text"/> State of Incorporation	<input type="text"/> Date of Incorporation	<input type="text"/> FEI/EIN Number	<input type="text"/> Tax Exempt Number
<input type="text"/> Credit Limit Desired	<input type="text"/> Former Names Under Which Business Operated		
<input type="text"/> Number of Employees	<input type="text"/> Number of Locations	<input type="text"/>	
Primary Business: <input type="checkbox"/> Parts Dealer <input type="checkbox"/> Flight Department <input type="checkbox"/> Maintenance Shop			
<input type="checkbox"/> Other <input type="text"/>			

### Historical Information

Have there been filings of litigation, or is there any litigation pending against you or your company at this time?

Circle One:  Yes  No

If yes, explain:

Have any local, federal, or state tax liens ever been filed against your company?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, have these been satisfied?

Have any local, federal, or state tax liens ever been filed against your company?

If yes, explain:

Has your company/partnership/proprietorship filed bankruptcy within the last years?

Yes  No

If yes, and Chapter 11 was filed, name state and bankruptcy court:

\_\_\_\_\_  
Initials

## Bank References

Bank Name
Address
City/State/Zip
Bank E-Mail Address

Account number	
Phone Number	Fax Number
Contact Name	Extension

Bank Name
Address
City/State/Zip
Bank E-Mail Address

Account number	
Phone Number	Fax Number
Contact Name	Extension

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Initials

## Trade References

<hr/> <hr/>	<hr/> <hr/>
Reference	Account Number
<hr/> <hr/>	<hr/> <hr/>
Address	Phone Number
<hr/> <hr/>	<hr/> <hr/>
City/State/Zip	Fax Number/Email Address
<hr/> <hr/>	<hr/> <hr/>

<hr/> <hr/>	<hr/> <hr/>
Reference	Account Number
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Address	Phone Number
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City/State/Zip	Fax Number/Email Address
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Address	Phone Number
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City/State/Zip	Fax Number/Email Address
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## Credit Release

To whom It may concern: I hereby authorize any bank or commercial establishment to release information pertaining to our credit and financial position to Avgroup, Inc.

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Customer/Company Name

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Authorized by (Print Name)

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Signature

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Title (Owner/Partner/Officer)

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Dated

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Amount of Credit Requested