



# AIRGROUP DYNAMICS, INC.

4906 Patch Road • Suite B • Orlando • FL 32822

Phone: 321.235.0859 Fax: 321.226.5444 Email: adi@adiaero.com

## CREDIT APPLICATION

We appreciate your business and will process your application upon receipt of the completed form. If you have already submitted your trade references, we still require this form to be completed and returned in order to complete the process. Upon approval you will be notified when you may start using the account.

By returning this completed form, you agree to the following terms & conditions:

1. 1 ½ % Interest will be applied to accounts over 30 days past due.
2. Accounts with unpaid balances 45 days or greater from Invoice date may be placed on credit hold.
3. Chargebacks for expenses incurred in Collections to include but not limited to attorney's fees
4. \$25.00 NSF check fees.

The following must be completed fully in order to process your application:

### COMPANY INFORMATION

Legal Business Name: \_\_\_\_\_

Federal Tax ID No (FEIN) \_\_\_\_\_ Dunn & Bradstreet (DUNS) No.: \_\_\_\_\_

Business Type (Select one):  Sole Proprietor  General Partnership  Limited Partnership  
 Corporation  Non-Profit  Other (Please specify)

Nature of Business: \_\_\_\_\_

Date Established: \_\_\_\_\_ State of incorporation: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No.: \_\_\_\_\_

Credit Amt. requested \$: \_\_\_\_\_ Sales Tax No.: \_\_\_\_\_

**(Please attach copy of current Sales Tax certificate)**

### Physical Address:

### Mailing Address (if different):

Line 1:	
Line 2:	
City:	
State:	
Zip:	
Country:	

Line 1:	
Line 2:	
City:	
State:	
Zip:	
Country:	

### THIS SECTION FOR INTERNAL USE ONLY:

Account Approved:  Yes  No      Credit Limit: \$ \_\_\_\_\_      Account No. \_\_\_\_\_

Approved by: \_\_\_\_\_      Term: Net \_\_\_\_\_ Days.      Date Approved: \_\_\_\_\_

**ACCOUNTS PAYABLES CONTACT:**

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

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**COMPANY OFFICERS:**

(Note: SSN required only if NOT a corporation)

**Principal or Owner:**

Name:	
SSN#:	
Address:	
City:	
State:	
Zip:	
Country:	

**Second Principal or Owner**

Name:	
SSN#:	
Address:	
City:	
State:	
Zip:	
Country:	

**BANK & CREDIT REFERENCES:****Principal Bank Reference:**

Name:	
SSN#:	
Address:	
City:	
State:	
Zip:	
Country:	

**Additional Bank Reference:**

Name:	
SSN#:	
Address:	
City:	
State:	
Zip:	
Country:	

**SHIPPING INSTRUCTIONS:**

Preferred Carrier \_\_\_\_\_ Ship Account #: \_\_\_\_\_

**ADDITIONAL INFORMATION OR SPECIAL INSTRUCTIONS:**


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**TRADE REFERENCES** (Minimum 4 references – application will not be processed if less provided)

**Reference 1:**

Name:	
Address:	
City:	
State:	
Telephone:	
Fax:	
Account #:	
Zip:	
Country:	

**Reference 2:**

Name:	
Address:	
City:	
State:	
Telephone:	
Fax:	
Account #:	
Zip:	
Country:	

**Reference 3**

Name:	
Address:	
City:	
State:	
Telephone	
Fax:	
Account #:	
Zip:	
Country:	

**Reference 4**

Name:	
Address:	
City:	
State:	
Telephone	
Fax:	
Account #:	
Zip:	
Country:	

Applicant hereby acknowledges and agrees to the following:

- The information supplied is complete and accurate.
- Airgroup Dynamics, Inc. reserves the unconditional right to refuse credit, hold or close any account, at any time, without prior notice.
- Closed credit accounts become payable in full immediately.
- By signing this document, you authorize your bank credit references to release information to Airgroup Dynamics, Inc. concerning your account.

**Authorized Applicant Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_