



Aerospace Dynamics, Inc.

4906 Patch Road • Suite B • Orlando • FL 32822
Phone: 321.235.0859 Fax: 321.226.5444 Email: adi@adiaero.com

CREDIT APPLICATION

Thank you for your interest in establishing an open account. 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 as to when you may start using the account.

By returning this completed form, you are agreeing to the following:

1. 1 ½ % Interest are 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. Charge backs 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.: _____

Physical Address:

Mailing Address (if different):

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

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

Monthly credit requirements estimated at \$: _____

Sales Tax No.: _____
(Please attach copy of current Sales Tax certificate)

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:

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:	

TERMS AND CONDITIONS:

Applicant hereby acknowledges and agrees to the following:

- The information supplied is complete and accurate.
- Aerospace 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 Aerospace Dynamics, Inc. concerning your account.

Signature of Applicant: _____ **Date:** _____

Print Name: _____ **Title:** _____

FOR INTERNAL USE ONLY:

Account Approved: __ Yes __ No Credit Limit: \$ _____

Approved by: _____ Term: Net _____ Days.

Date Approved: _____ Account No. _____