



AVIONICS & INSTRUMENTS, INC.

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APPLICATION FOR CREDIT

FIRM LEGAL NAME: _____

TRADE NAME: _____

STREET ADDRESS: _____ PO BOX _____

CITY: _____ STATE/COUNTRY _____

ZIP/POSTAL CODE: _____ PHONE: _____ FAX: _____

IF ANY OF THESE ITEMS CHANGE, YOU MUST FILE A NEW CREDIT APPLICATION.
OFFICERS OR OWNERS TITLE
PERSON TO CONTACT REGARDING FINANCIAL MATTERS:
PRINT NAME TITLE & PHONE NUMBER
RESALE SALES TAX NUMBER _____

PLEASE CHECK ONE:
CORPORATION
PARTNERSHIP
INDIVIDUAL PROPRIETORSHIP
DO NOT WRITE IN THIS SPACE
PAYMENT RECORD
DISCOUNTS
PROMPT
ACCEPTABLE
SLOW ___ DAYS
REQUESTS EXT
UNSATISFACTORY
W/ AGENCY / ATTY
COLLECTED BY AGENCY / ATTY
ACCOUNT SECURED
ORDER REPORT
CREDIT RATING

DATE BUSINESS STARTED _____ INCORPORATED IN STATE OF _____
TYPE OF BUSINESS _____

Table with 4 columns: COMPANY NAME, STREET ADDRESS, TOWN, STATE, ZIP, PHONE NUMBER. Contains trade credit references.

Table with 4 columns: BANK NAME, BANK OFFICER TO CONTACT, ADDRESS, CITY, STATE, ZIP. Contains bank references.

FINANCIAL INFORMATION AS OF: _____, 20___.
TOTAL CURRENT ASSETS \$ _____ TOTAL CURRENT LIABILITIES \$ _____
TOTAL FIXED ASSETS \$ _____ TOTAL LONG TERM LIABILITIES \$ _____
TOTAL ASSETS \$ _____ NET WORTH \$ _____
ATTACHED IS A COPY OF OUR MOST CURRENT FINANCIAL STATEMENT. (CERTIFIED, AUDITED STATEMENTS PREFERRED)

WHAT MONTHLY LINE OF CREDIT DO YOU REQUIRE? _____
DATE _____ BY _____
FIRM _____ TITLE _____

IF ACCOUNT IS INACTIVE FOR MORE THAN 6 MONTHS THIS APPLICATION IS INVALID ***** NO OPEN ACCOUNT ON FIRST ORDERS***** NO EXCEPTIONS * FAX COPY NOT ACCEPTED, ONLY SIGNED ORIGINALS * ALL BLANKS MUST BE FILLED IN