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PLEASE CHECK ONE:

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## AVIONICS & INSTRUMENTS, INC.

APPLICATION FOR CREDIT COMPANY NAME:			CORPORATION
			PARTNERSHIP
	PO BOX		**************************************
	STATE/COUNTRY		DO NOT WRITE IN THIS SPACE
ZIP/POSTAL CODE:	PHONE:	FAX:	PAYMENT RECORD
	IT DO YOU REQUIRE?		DISCOUNTS PROMPT
IF ANY OF THESE ITEMS CHANGE, YOU MUST FILE A NEW CREDIT APPLICATION. OFFICERS OR OWNERS TITLE			ACCEPTABLE SLOW DAYS REQUESTS EXT UNSATISFACTORY W/ AGENCY /ATTY
PERSON TO CONTACT REGARDING FINANCIAL MATTERS:			COLLECTED BY AGENCY / ATTY
PRINT NAME RESALE SALES TAX NUMBER_	TITLE & PHONE NUMBER		ACCOUNT SECUREDORDER REPORT CREDIT RATING
DATE BUSINESS STARTEDTYPE OF BUSINESS	INCORPORATED IN STA	TE OF	
	STREET ADDRESS TO		PHONE NUMBER
CONTACT NAME:	EMAIL:	FAX:	
CONTACT NAME:	EMAIL:		
3CONTACT NAME:	EMAIL:	FAX:	
BANK NAME	BANK REFERENCES BANK OFFICER TO CONTACT		CITY, STATE, ZIP
TOTAL ASSETS \$	TOTAL CURRENT TOTAL LONG TE NET WORTH \$ CURRENT FINANCIAL STATEMENT. (0	CERTIFIED, AUDITED S	
ATE BY 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