



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

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 _____		Website Address _____	
Billing Address _____		Shipping Address _____	
City/State/Zip _____		City/State/Zip _____	
Phone Number _____	Fax Number _____	Accounting Contact _____	Extension _____
Principal Officer/Owner _____		E-Mail Address _____	

Circle One:				
Organization (circle one):	Corporation	Partnership	Proprietorship	Subsidiary

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

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
If yes, have these been satisfied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any local, federal, or state tax liens ever been filed against your company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 bankruptch court: _____

Initials

Bank References

Bank Name

Address

City/State/Zip

Bank E-Mail Address

Bank Name

Address

City/State/Zip

Bank E-Mail Address

Account number

Phone Number

Fax Number

Contact Name

Extension

Account number

Phone Number

Fax Number

Contact Name

Extension

Initials

Trade References

Reference

Account Number

Address

Phone Number

City/State/Zip

Fax Number

Reference

Account Number

Address

Phone Number

City/State/Zip

Fax Number

Reference

Account Number

Address

Phone Number

City/State/Zip

Fax Number

Reference

Account Number

Address

Phone Number

City/State/Zip

Fax Number

Reference

Account Number

Address

Phone Number

City/State/Zip

Fax Number

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.

Customer/Company Name

Authorized by (Print Name)

Signature

Title (Owner/Partner/Officer)

Dated

Amount of Credit Requested