



# Aero Standard Calibration

720 Valley Ridge Cir., Ste. 21, Lewisville, TX 75057

## CREDIT APPLICATION

### Company Information

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Check One: ( ) Corporation ( ) Limited Partnership ( ) Individual

Resale Tax No: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Repair Station No: \_\_\_\_\_

No. of Employees: \_\_\_\_\_

### Trade Credit References

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Acct No: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Acct No: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Acct No: \_\_\_\_\_

### Bank Reference

Bank Name: \_\_\_\_\_ Point of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_

I verify the information provided on this application to be true to the best of my knowledge. I authorize the verification of this data so that I may establish a credit account with Aero Standard.

I acknowledge and agree to pay all bills within 30 days of invoice date. I also understand and accept that if my account is delinquent, a finance charge may be added to the outstanding balance until it is paid in full.

The signature below is an acknowledgement of the terms and a personal guarantee for debts incurred.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print form, sign your name, fax to us

Phone: 972-436-2600

USA: 877-521-2600

Fax: 972-436-2685