



**APPLICATION AND AGREEMENT FOR CREDIT**



Name of Business	Billing address		Telephone ( )
	City	State	Zip

Year Established	Ship to Address	How long at present location(s)?
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Check type  Proprietorship ( )	Owner's Name	Residence Address	Telephone ( )
		City State Zip	Soc. Sec. No.  Driver's Lic. No.

Partnership ( )	Partners Name(s)	Residence Address(es)	Telephone
	(1)		( )
	(2)		( )
	(3)		( )

Corporation ( )	Corporate Legal Name	DBA
	Parent Co. (If applicable)	Officers (List on corporate letterhead)

Bank References	Names Officer	Addresses	Account No.
			Tel. No.
			Account No.
			Tel. No.

Business Property	( ) Lease	How do you usually pay your bills?			
( ) Own ( ) Rent ( ) Mortgage	How many yrs.	( ) Discount	( ) 30 Days	( ) 60 Days	( ) 90 Days

Business References	Name of Co.	Address	Telephone	Since
	(1)			
	(2)			
	(3)			
	(4)			

Estimate dollar volume you expect to do with AIRWAYS in next twelve months	Amount of credit requested	Method of Payment <input type="checkbox"/> Credit Card <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Check
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**PLEASE SUBMIT A CURRENT FINANCIAL STATEMENT**

We understand that the information furnished above is for the purpose of obtaining credit with **AIRWAYS FREIGHT CORP.** and certify that it is true and correct. We agree that all accounts are due and payable by the due date at the creditors address. If not paid as agreed, we agree to pay a finance charge of 1 ½ % per month for delayed payment and reimburse creditor its cost of collection, including reasonable fees whether or not suit is filed.

Signature \_\_\_\_\_ Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_