



Application for Credit

Line of Credit Requested \$ _____ Date _____
 Business Name _____ Phone _____

Address _____ Fax _____
(Street) (City) (State) (ZIP Code) (Area Code & Number)

D/B/A _____ Federal Tax I.D. _____

Type of Business _____ How many Years in Business _____

OWNERSHIP: Sole Owner Partnership Corporation

Principal _____
(Name) (Title)

Principal _____
(Name) (Title)

Principal _____
(Name) (Title)

TRADE REFERENCES:

NAME	ADDRESS	CONTACT / PHONE
_____	_____	_____
_____	_____	_____

BANK REFERENCE: Checking Loan Savings

(Name)	(Address)	(Account #)	(Contact/Phone)
_____	_____	_____	_____

No. of Employees _____ Est. Annual Sales _____ Sales Area _____

Has the firm or any of its Principals ever been bankrupt? Yes No

If yes, Explain:

Person to Contact About Account: _____
(Name) (Title)

(Phone) (Email)

Applicant agrees to pay any collection costs incurred to collect balance, including reasonable attorney's fees.

The Undersigned Will/Will Not Submit A Financial Statement.

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct and authorizes Skytruck Air/Sea Transport Inc. to investigate the credit references listed above. (must be signed by an authorized signatory on company's bank accounts)

(Name) (Title) (Signature) (Date)

(Name) (Title) (Signature) (Date)

CREDIT DEPARTMENT USE ONLY
 Date Line of Credit Approved _____ Date Line of Credit Denied _____
 Comments: _____