

# APPLICATION FOR CREDIT

Please fax completed form to 253-813-2801

# CONNECT AIR International, Inc.

Applicant \_\_\_\_\_  
Legal Firm Name \_\_\_\_\_ Division of / or DBA \_\_\_\_\_

Billing Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Shipping Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**Legal Entity**  Proprietorship  Partnership  LLC  Corporation State of Inc. \_\_\_\_\_ Date Inc. \_\_\_\_\_

Type of Business \_\_\_\_\_ Length of time in business under present ownership \_\_\_\_\_ #Employees: \_\_\_\_\_

Parent Company \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## OWNER/OFFICER INFORMATION

Owner/Officers' Names	Title	Home Address	Phone	SSN#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Person to contact regarding credit and financial matters \_\_\_\_\_ Email Address: \_\_\_\_\_

Purchase Orders required? \_\_\_ YES \_\_\_ NO Estimated monthly credit requirement \$ \_\_\_\_\_

**Will your purchases be taxable? \_\_\_ YES \_\_\_ NO If NO, please supply current Sales Tax Exemption Certificate.**

## TRADE REFERENCES

Name	City/State	Acct#	Phone	Fax ** (required)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Acct# \_\_\_\_\_

## BUSINESS CREDIT TERMS

Individual(s) and/or business named above (the "Applicant") applies for credit with Connect-Air International, Inc. (the "Creditor"). Applicant authorizes Creditor to make any and all inquiries necessary for action on this credit application. Sole Proprietors/Partners hereby consent to the use of non-business consumer credit reports. Applicant's signature attests financial responsibility, ability and willingness to pay Creditor invoices in accordance with the terms stated on each invoice. It is agreed and understood that the Applicant will be responsible to notify the Creditor if there are any changes in the Applicant's ability to pay. Directing us to start work or order materials on Applicant's behalf constitutes an acceptance of our Terms and Conditions, and those shall always be the governing terms. Terms on a subsequent purchase order that differ from Creditor's terms will not be valid. The undersigned individual certifies that he/she is authorized to complete the application on behalf of the Applicant and Applicant agrees to be bound by all the terms and conditions contained in this application. A late payment charge equal to the maximum amount by Washington law, not to exceed 1.5% per month may be imposed on delinquent invoices. In the event the account becomes delinquent, the Applicant waives the right to a jury trial and agrees to pay all collection costs and fees, including reasonable attorney's fees. Venue and jurisdiction of any legal action may lie either in the county and state of the Creditor's branch office or King County, WA at the sole option of the Creditor.

Applicant certifies that the above information provided is true and accurate to the best of their knowledge and further agrees that a facsimile transmission of this Application to Creditor shall be as binding as that of an original signature.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## PERSONAL GUARANTEE

The undersigned agrees to personally and unconditionally guarantee payment of all sums owed by the Applicant under this agreement. Creditor may extend any payment from time to time and consent to the acceptance of further and/or other types of security, all without in any way affecting the undersigned's liability. Creditor shall have the right to bring suit against Applicant and/or the principal(s) proprietors and guarantor(s) in any order as determined by the Creditor. This is a continuing and irrevocable guarantee and is binding on the Guarantor and Guarantor's heirs and assigns so long as any indebtedness remains.

Printed Name of Guarantor \_\_\_\_\_ Signature of Guarantor \_\_\_\_\_ Date \_\_\_\_\_