



## CREDIT APPLICATION

### Company Information:

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

Ship To Address: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

D&B #: \_\_\_\_\_ Federal ID #: \_\_\_\_\_ Date Established: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Years at Current Address: \_\_\_\_\_ Years in Business: \_\_\_\_\_ # Employees: \_\_\_\_\_ # Locations: \_\_\_\_\_

**(If any locations in FL and company is tax-exempt, submit a completed Florida Resale Certificate for Sales Tax form with application)**

### Accounts Payable Information:

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### Purchasing Information:

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

PO# Required for Invoice: Y / N Expected # Monthly Purchases: \_\_\_\_\_

2301 NW 33<sup>rd</sup> Court, Suite 114, Pompano Beach, FL 33069

Telephone (954) 979-8130 – Fax (954) 979-4728 -- [www.rasg.net](http://www.rasg.net)



**Company Officers' Information:**

**Controller:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**CFO:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**President:** \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Trade References with complete address and telephone numbers**

(1) Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

(2) Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

(3) Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_



I/We the undersigned represent that the above information is true and correct as of the date thereof. I/We also agree that all falsification of information may result in denial by Regional Airline Support Group, LLC. My/Our signature below gives Regional Airline Support Group, LLC, permission to obtain business and/or personal credit information from the sources deemed necessary. I/We also understand that the credit information received by Regional Airline Support Group, LLC, will be kept confidential. I/We acknowledge that the terms of this agreement are Net 30 and that each payment will be made within the terms set forth on this covenant. I/We further acknowledge that any collection and/or legal expense incurred by Regional Airline Support Group, LLC, in the collection of a debt will be my/our responsibility.

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

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