



Application for Credit

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

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

_____ (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: _____