

Credit Application

| COMPANY NAME: | | | |
|--|--------------------------|--------------------|--------------|
| COMPANY ADDRESS: | | | |
| CITY: | STATE: | ZIP CO | ODE: |
| PHONE NUMBER: | WEBSI | TE ADDRESS: | |
| CORPORATION PA | ARTNERSHIP | INDIVIDUAL _ | |
| FEIN: | BUSIN | ESS START DATE: _ | |
| INCORPORATED IN THE STATI | E OF: | ANNUAL SALES: | |
| D & B NUMBER: | _ CREDIT AMOUNT | REQUESTED: | |
| Desired Services: (please check all t | that apply) | | |
| Air Charter Air Freight | Hand Carry | Expedited Trucking | FBO Services |
| If this credit application is for List must provide company n | - | | • |
| OFFICERS OR OWNERS: | | TITLE | |
| NAME: | | | |
| EMAIL: | | | |
| NAME: | | | |
| EMAIL: | | | |
| PERSON TO CONTACT REGAR | <u>DING FINANCIAL M.</u> | ATTERS: | |
| NAME: | T | ITLE: | |
| PHONE: | E- | -MAIL: | |
| ACCOUNTS PAYABLE CONTAC | T INFORMATION: | | |
| NAME: | | | |
| PHONE: | EMAIL: | | |
| BANKING INFORMATION | | | |
| BANK NAME: | | | _ |
| BANK ADDRESS: | | | |
| ACCOUNT NUMBER: | | PHONE NUMBER: | |
| CONTACT NAME: | | | |

| TRADE CREDIT REFERENCES - ALL fields are required below, separate list is acceptable. | |
|--|--|
| COMPANY NAME: | |
| PHONE #: | |
| EMAIL: | |
| COMPANY NAME: | |
| PHONE #: | |
| EMAIL: | |
| COMPANY NAME: | |
| PHONE #: | |
| EMAIL: | |
| We hereby certify that the above information to be true and correct. We accept financial responsivoices per terms set forth in this application. We hereby authorize Grand Aire, Inc. to collect the third parties as listed by us. Further, we authorize our bank to release the pertinent information our credit application, to Grand Aire, Incorporated. Payment terms: Net 30 days, payable in U.S. Dollars. Balances over 30 days will be charged 2 additional credit will be extended on past due accounts until the account is brought to current. collection expenses are the responsibility of the applicant. Any services paid via credit card with processing fee added to the amount of the services. Grand Aire, Inc. submits all invoices electronte that we do not bill third party locations. **No alterations permitted to any part of this application. If you would like to discuss term have any questions please contact us. You may attach a company information sheet; however, any missing information not on your company information sheet. Please make sure you sign the and return to me. | et information from ation requested, for 2% per month. No Any legal fees and ill have a 5% ronically. Please ans, conditions, or you must complete |
| Accepted and agreed to: | |
| Owner/Officer Name: | |
| Owner/Officer Signature: | |
| Title: Date: | |
| | |

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