



BUSINESS CUSTOMER INFORMATION REQUEST



(Requires approval prior to check acceptance)

BUSINESS CONTACT INFORMATION

Contact name:			Title:
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

AVIATION/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

AGREEMENT

- Customer agrees an administrative fee of \$35 will be charged for any check that is subsequently dishonored or refused payment. Balance is subject to a finance charge equal to 1.5% per month (18% A.P.R.). Creditor reserves the right to employ a collection agency and/or attorneys to recover past due balances; such customer collections will be subject to reasonable attorney/collection fees in addition to all related filing costs.
- By submitting this application, you authorize Aviation Partners Group, Inc/Nebo Aviation Services, LLC to make inquiries into the banking and business/trade references that you have supplied.

AUTHORIZED SIGNATURES

Signature:		Signature:	
Print name:		Print name:	
Title:	Date:	Title:	Date: