



CREDIT APPLICATION  
Fax to 407-877-4408

**COMPANY NAME:** \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Owner/President: \_\_\_\_\_ SS/Fed I.D. # \_\_\_\_\_  
Financial Contact: \_\_\_\_\_ Resale Tax # \_\_\_\_\_  
Financial Contact Email: \_\_\_\_\_

**COPY OF RESALE CERTIFICATE MUST ACCOMPANY APPLICATION**

Nature of Business/Aircraft types: \_\_\_\_\_  
Credit Limit Requested: \_\_\_\_\_ Estimated Monthly Purchases: \_\_\_\_\_

**BANK REFERENCE:** \_\_\_\_\_ Account Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
\_\_\_\_\_  
Fax: \_\_\_\_\_

**TRADE REFERENCES:**  
AVIATION TRADE REFERENCES ONLY. (Do not list fuel suppliers, credit cards, utilities, insurance or landlords.)

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Fax: \_\_\_\_\_  
\_\_\_\_\_  
Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Fax: \_\_\_\_\_  
\_\_\_\_\_  
Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Fax: \_\_\_\_\_  
\_\_\_\_\_  
Account #: \_\_\_\_\_

**INSURANCE:** We realize many companies have their own coverage so rather than insure all shipments, we ask that you indicate below what your preference is.

Yes, please insure all shipments. Signature: \_\_\_\_\_

No, please do not insure shipments. Signature: \_\_\_\_\_

**CREDIT NOTE:** Southwind Aviation Supply, LLC extends credit on a Net 30 basis. Accounts are subject to credit hold, without notice, if these terms are exceeded. A \$40 NSF fee will be charged for returned checks. Applicant agrees to pay an 18.0% per annum interest charge on all past due balances and collection costs incurred to collect the account balance, including reasonable attorney's fees and court costs. Your signature below constitutes agreement to these terms. Signer must be authorized to enter into contract on behalf of the business.

SUBMITTED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(Owner, Partner, President, Authorized Agent)

PLEASE PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_