

Credit Application



CREDIT INFORMATION

Account No: _____ Salesperson: _____
Company Name: _____ Contact: _____
Address: _____ E-Mail: _____
City: _____ State: _____ ZIP _____
Phone:(_____) _____ Fax:(_____) _____
Principal Owner(s): _____ Dunn & Bradstreet Number: _____
Type of Business: _____ Years in business: _____
Federal Tax ID # _____ CORP _____ Partnership _____ Sole Proprietorship _____
If Corporation, attach a list of Officers _____ Company Web Address: _____
If an Air / Freight Forwarder, do you have an IACSSP in place with the TSA: Yes _____ NO _____ Unknown _____

BILLING ADDRESS

If Billing Address & Contact is same as above check here:

Company Name: _____ Contact: _____
Address: _____ E-Mail: _____
City: _____ State: _____ Zip _____
Phone:(_____) _____ FAX:(_____) _____

BANK REFERENCES

TRADE REFERENCES

Bank Name _____ Company Name _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____
Phone/Fax _____ Phone/Fax _____
Account Number _____ Account Number _____

Bank Name _____ Company Name _____
Address _____ Address _____
City/State/Zip _____ City/State/Zip _____
Phone/Fax _____ Phone/Fax _____
Account Number _____ Account Number _____

PLEASE ENCLOSE A COPY OF YOUR MOST RECENT AND/OR AUDITED FINANCIAL STATEMENTS.

APPLICATION FOR CREDIT IS HEREBY REQUESTED AND THE ABOVE REFERENCES GIVEN.
AUTHORIZATION IS GRANTED FOR AIRNET EXPRESS TO CONTACT THE REFERENCES GIVEN IN ORDER TO ESTABLISH
CREDIT WORTHINESS.

Credit Application



Continued

Applicant understands the terms and conditions, including credit terms of 15 days, for shipping with AirNet Express. Should Applicant fail to pay within said 15 day period, Applicant agrees to pay a 1.5% per month finance/service charge on the unpaid balance. In the event payment is not made and account, at the sole discretion of AirNet Express, is referred for collections, then Applicant agrees to pay all costs associated with the collection efforts, including but not limited to, reasonable attorney's fees and court costs together with interest thereon at a rate of 1.5% per month.

Signed: _____ Date: _____
(must be signed by owner or partner of Applicant; if corporate, an approved member of management must sign)

Printed Name: _____ Title: _____

Would you like to utilize credit card payment: Yes _____ No _____ If yes, you will be contacted for credit card payment setup

Personal Guaranty

(must be completed for all non-corporate applicants)

I, _____ residing at _____
(print name of guarantor) (home address)

for and in consideration of AirNet Express extending credit at my request to: _____

(Name of Company) (the "Company") of which I have a direct financial interest and/or which I am an officer or agent, hereby personally guarantee to you payment of any obligation of the Company to AirNet Express, including financial charges and collection costs on such obligations. It is understood that this guaranty shall be a continuing and irrevocable guaranty. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of credit agreement hereby guaranteed, and to all renewals of extension of credit.

Print Name of Witness

Signature or Guarantor

Signature of Witness

Social Security # of Guarantor

Date: _____

Please return completed application to:

AirNet Express
7250 Star Check Drive
Columbus, OH 43217-1025
Attention: Credit Department

Upon approval, your company will be issued an account number and shipping supplies. Invoicing is weekly with credit terms of net 15 days.

Phone: 800-546-9670

Fax: 800-966-3875

For AirNet Express office use only:

Credit Limit granted: _____

Approved by: _____ Date approved _____ Date of revision: _____