

DACInternational

APPLICATION FOR CREDIT

FIRM LEGAL NAME _____
TRADE NAME _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTRY _____
TELEPHONE (____) _____ FAX(____) _____ WEBSITE _____

OFFICERS OR OWNERS

TITLE

PERSONS TO CONTACT REGARDING FINANCIAL MATTERS & EMAIL ADDRESS

PERSONS TO CONTACT REGARDING PURCHASING:
AVIONICS MANAGER (IF APPLICABLE) _____
EMAIL ADDRESS: _____
RESALE SALES TAX NUMBER _____

(State Resale Certificate or Sales Tax & Use Certificate: Please attach.)

DATE BUSINESS STARTED _____ IN STATE OF _____

TYPE OF BUSINESS _____

CREDIT AMOUNT REQUESTED FROM DAC _____

CURRENT APPROVED CREDIT LINES:	COMPANY NAME	AMOUNT OF LINE
_____	_____	_____
_____	_____	_____

LIST (3) CREDIT REFERENCES – Please provide a minimum of three references that are located in the U.S.A., AVIONICS RELATED, and that will respond in a timely manner. Important - Include Fax or Email for each reference listed.

COMPANY (NAME & ADDRESS)	CONTACT NAME	FAX & TEL. OR EMAIL
1		Fax: Tel: Email:
2.		Fax: Tel: Email:
3.		Fax: Tel: Email:

BANK REFERENCES

Bank Name	Bank Officer	Address	City, State, Zip	Country
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I/We warrant the information shown above on this application to be true. I/We authorize the person to whom this application is submitted to investigate the references herein pertaining to our credit and financial responsibility.

DATE _____

BY _____

Signature

FIRM _____

TITLE _____

(form revised 08/08/2011)