

AEROTECH



FAA Approved Repair Station #PU4R453M

CREDIT REFERENCES

DATE _____

FIRM NAME	ADDRESS	CITY & STATE	ZIP
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BILLING	ADDRESS	CITY & STATE	ZIP
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CHECK ONE Sole Proprietor Partnership Corporation LLC

Name of person responsible for payment _____

Bank	Address	City & State	Zip
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Checking Account Number _____ Name and Title of Officer _____
Telephone _____

Credit References: (Aircraft Suppliers Only)

Name	Address	City & State	Zip	Fax #
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Name	Address	City & State	Zip	Fax #
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Name	Address	City & State	Zip	Fax #
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Name	Address	City & State	Zip	Fax #
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Date Business was established _____

Signed: _____

Title: _____

Telephone: _____

Fax: _____

2209 Watterson Trail • Louisville, Kentucky 40299
1-800-634-0190 • 502-263-7090 • FAX 1-502-263-7094
www.aerotechlou.com Email: info@aerotechlou.com

TERMS: NET 30

It is agreed that purchases made on this account, when approved will be paid according to terms listed below. It is understood that any payment not paid on due date will be considered in default and shall bear interest at the rate of 1 1/2% per month on the unpaid balance, which the applicant agrees to pay.

If the applicant defaults in making payment on this account, applicant agrees to pay all costs of collection including fees charged by outside collector, reasonable attorney fees and all costs of collection if by suit or otherwise. If litigation should occur, it is understood that Jefferson County, Kentucky shall be the county of venue.

I hereby authorize the person, firms, banks, credit bureaus or other investigative agencies employed to investigate the references given above or other data obtained from me for any other person pertaining to my credit and financial responsibility.

PLEASE READ BEFORE SIGNING

Dated: _____ By: _____

Guarantee of payment of account including costs mentioned above for value received and in consideration of Aerotech of Louisville, Inc, sale of materials to the above names applicant on an open account basis, according to the terms of the open account the undersigned agrees as follows:

1. If the above named applicant defaults in making payment on this account, I personally guarantee payment, on demand, of the unpaid balance and costs due Aerotech of Louisville, Inc, from said applicant.
2. The undersigned also agrees to personally pay all costs listed on this application in the enforcement of this guarantee if a default occurs.

Dated: _____ By: _____

Note

Previous delinquent accounts have caused Aerotech to require a company credit card to be on file to secure payment. If balance is not paid within 45 days I authorize Aerotech of Louisville, Inc. to charge remaining balance to credit card.

Credit card # _____
 Expiration date _____ validation code _____
 Name on card _____
 Authorized signature on card _____
 Complete address for credit card _____

Dated: _____ By: _____