



AIR DALLAS INSTRUMENTS, INC.

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CREDIT APPLICATION

Thank you for submitting your credit application for review. Air Dallas conducts business in Net 30 terms for open customers unless otherwise stated. All invoices are due no more than thirty days from the invoice/ship date.

Upon breach of the Net 30 terms provided Air Dallas reserves the right to: repossess goods with remaining balance, hold future shipments, and/or charge a monthly interest rate of 1.5% in addition to recovering any collection costs incurred by Air Dallas. We reserve the right to modify or withdraw credit terms at any time without notice.

Air Dallas reports all credit customers both past due and current to Dun and Bradstreet. After one year of inactivity all credit customers will be placed on COD status and must re-submit a new credit application.

NAME OF COMPANY				DATE
BILLING ADDRESS INFORMATION				
STREET/P.O. BOX:				
OTHER:				
CITY	STATE	ZIP	COUNTRY	
PHONE	FAX	POINT OF CONTACT		
CHECK ONE:	CORPORATION <input type="checkbox"/> * PARTNERSHIP <input type="checkbox"/> * INDIVIDUALLY OWNED <input type="checkbox"/>			
TAX INFORMATION:	TAXABLE <input type="checkbox"/> TAX EXEMPT <input type="checkbox"/> SALES TAX ID #			
EXEMPT OTHER:				
FEDERAL EMPLOYER IDENTIFICATION NUMBER:				
TYPE OF BUSINESS:				
DATE BUSINESS WAS ESTABLISHED:				
DUN AND BRADSTREET NUMBER:				
OTHER NAME COMPANY MAY OPERATE UNDER:				
SHIPPING ADDRESS INFORMATION				
STREET/P.O. BOX:				
OTHER:				
CITY	STATE	ZIP	COUNTRY	
PHONE	FAX	POINT OF CONTACT		

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NAME <i>PEOPLE OF INTEREST</i>	TITLE	PHONE NUMBER	E-MAIL
	<i>PRESIDENT</i>		
	<i>VICE-PRESIDENT</i>		
	<i>ACCOUNTS PAYABLE</i>		
	<i>PERSON RESPONSIBLE FOR SIGNATURE ON CHECKS</i>		
	<i>OTHER:</i>		
	<i>OTHER:</i>		

MUST HAVE 6 CREDIT REFERENCES: (MUST BE IN THE UNITED STATES)

COMPANY NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
CONTACT:	ACCOUNT #:
PHONE:	FAX:

COMPANY NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
CONTACT:	ACCOUNT #:
PHONE:	FAX:

COMPANY NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
CONTACT:	ACCOUNT #:
PHONE:	FAX:

COMPANY NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
CONTACT:	ACCOUNT #:
PHONE:	FAX:

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COMPANY NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
CONTACT:	ACCOUNT #:
PHONE:	FAX:

COMPANY NAME:	
ADDRESS:	
CITY, STATE, ZIP:	
CONTACT:	ACCOUNT #:
PHONE:	FAX:

By signing below you are stating that you are authorized to make decisions for your company and that you are authorized to agree and to follow Air Dallas Instruments, Inc. rules and regulations for open status.

Print Name

Authorized Signature

Date



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OFFICE USE ONLY

Comments: _____

DATE: _____ C.O.D. / OPEN CREDIT LIMIT: \$ _____

Authorized signature

Title / Position

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