



REGIONAL
Airline Support Group

CREDIT APPLICATION

Company Information:

Company Name: _____ Date: _____

Ship To Address: _____

Billing Address (if different): _____

Telephone: _____ Fax: _____ Website: _____

D&B #: _____ Federal ID #: _____ Date Established: _____

Type of Business: _____

Years at Current Address: _____ Years in Business: _____ # Employees: _____ # Locations: _____

(If any locations in FL and company is tax-exempt, submit a completed Florida Resale Certificate for Sales Tax form with application)

Accounts Payable Information:

Name: _____

Telephone: _____ Fax: _____ Email: _____

Purchasing Information:

Name: _____

Telephone: _____ Fax: _____ Email: _____

PO# Required for Invoice: Y / N Expected # Monthly Purchases: _____

3550 NW 126th Avenue, Coral Springs, FL 33065

Telephone (954) 979-8130 – Fax (954) 979-8122 -- www.rasg.net



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Company Officers' Information:

Controller: _____

Telephone: _____ Email: _____

CFO: _____

Telephone: _____ Email: _____

President: _____

Telephone: _____ Email: _____

Trade References with complete address and Accounting contact e-mail

(1) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Accounting E-mail: _____

(2) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Accounting E-mail: _____

(3) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Accounting E-mail: _____



(4) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Accounting E-mail: _____

I/We the undersigned represent that the above information is true and correct as of the date thereof. I/We also agree that all falsification of information may result in denial by Regional Airline Support Group, LLC. My/Our signature below gives Regional Airline Support Group, LLC, permission to obtain business and/or personal credit information from the sources deemed necessary. I/We also understand that the credit information received by Regional Airline Support Group, LLC, will be kept confidential. I/We acknowledge that the terms of this agreement are Net 30 and that each payment will be made within the terms set forth on this covenant. I/We further acknowledge that any collection and/or legal expense incurred by Regional Airline Support Group, LLC, in the collection of a debt will be my/our responsibility.

Signature of Officer: _____ Date: _____

Print Name: _____ Title: _____