



**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 126<sup>th</sup> Avenue, Coral Springs, FL 33065

Telephone (954) 979-8130 – Fax (954) 979-8122 -- [www.rasg.net](http://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: \_\_\_\_\_



**REGIONAL**  
*Airline Support Group*

(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: \_\_\_\_\_