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| **HAWK AERO SUPPORT LLC** \*Please fax completed application to: 630-350-2111 or send via email to: operations@hawkaero.com\* Credit Application forM | | | | | |
| Business Contact Information | | | | | |
| Title: | | | | | |
| Company name: | | | | | |
| Phone: | Fax: | | | E-mail: | |
| Registered company address: | | | | | |
| City: | | | | State: | ZIP Code: |
| Date business commenced: | | | | | |
| Sole proprietorship: | | Partnership: | | Corporation: | Other: |
| Business and Credit Information | | | | | |
| Primary business address: | | | | | |
| City: | | | State: | | ZIP Code: |
| How long at current address? | | | | | |
| Telephone: | Fax: | | E-mail: | | |
| Bank name: | | | | | |
| Bank address: | | | Phone: | | |
| City: | | | State: | | ZIP Code: |
| Type of account | Account number | | | | |
| Savings |  | | | | |
| Checking |  | | | | |
| Other |  | | | | |
| INDUSTRY REFERENCES (AIRLINE/TRANSPORTATION) | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |
| Company name: | | | | | |
| Address: | | | | | |
| City: | | | State: | | ZIP Code: |
| Phone: | Fax: | | E-mail: | | |
| Type of account: | | | | | |
| Agreement | | | | | |
| 1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize HAWK AERO SUPPORT to make inquiries into the banking and industry references that you have supplied. | | | | | |
| Signatures | | | | | |
| Title:  Date: | | | | Title:  Date: | |