

## CUSTOMER FINANCE AND ACCOUNTING CONTACTS

The following information is requested in order to grant your organization Net 30 or certain other financial terms.

<b>Company Name:</b>	
<b>HQ Street Address:</b>	
<b>HQ City</b>	
<b>HQ State &amp; Zip Code</b>	
<b>Country</b>	
<b>Year Established</b>	
Company Type (Airline, MRO, Broker, OEM)	

### Billing Information:

Billing Email	
Street Address 1	
Street Address 2	
City	
State	
Zip/Postal Code	
Country	

### Finance & Accounting Contact Information:

Primary Contact Name	
Primary Contact Phone Number	
Primary Contact Email Address	
Tax ID	
Dunn & Bradstreet Number (DUNS)	
CFO Name/Email	
Accounts Payable Manager Name	
A/P Manager email / phone	
Bank Name	
Bank Wire Transfer Number	
Bank Account Number	
SWIFT	

## CUSTOMER CREDIT APPLICATION

**Credit References:**

<b>Reference 1</b>	
Company Name	
Contact Name	
Contact Email	
Phone Number	

<b>Reference 2</b>	
Company Name	
Contact Name	
Contact Email	
Phone Number	

<b>Reference 3</b>	
Company Name	
Contact Name	
Contact Email	
Phone Number	

<b>Reference 3</b>	
Company Name	
Contact Name	
Contact Email	
Phone Number	

<b>Reference 4</b>	
Company Name	
Contact Name	
Contact Email	
Phone Number	

If your company already has wire transfer instructions and credit references in a different format, please simply email those to [accounting@caresources.net](mailto:accounting@caresources.net).

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## CUSTOMER CREDIT APPLICATION

### FINANCIAL RELEASE AUTHORIZATION

I/we authorize the references named within this application, both financial institutions and trade references, to release credit information known to them to Commercial Aviation Resources with the understanding that it will be used solely for the determination of credit purposes. Furthermore, if this credit application is accepted, I/we agree to pay for purchases in accordance with the terms and conditions set forth by the sales documents and Commercial Aviation Resources.

### TERMS OF SALE

Commercial Aviation Resources (the Company) provides goods and services in exchange for payment within the specified terms. The Company's normal policy is to extend payment terms of 30 days from invoice to qualified applicants. Payment is expected at the company's address as indicated on the invoice, by wire transfer or by credit card within **30 days of the invoice date**. Credit is not always granted and depends on many factors beyond a customer's references. For instance, in addition to a customer possibly not having acceptable credit references, a global pandemic and/or other major economic changes might dictate other payment terms such as: Prepaid/Payment Prior to Shipment (PPS) in which case acceptable wire transfer or credit card payments must be arranged. If Customer uses a credit card, Customer agrees to a 3.5% service fee to be added to the invoice total. Past due accounts will be subject to a 1.5% per month interest charge and will result in a credit hold placed on the customer. It is understood and agreed that once the Company has approved the credit application, payment will be tendered according to the assigned credit terms. The Company may take any action required in case of failure to make payment as agreed including but not limited to use of outside agencies and attorneys. Costs and fees incurred by the Company to achieve payment by the Customer will be added to the liability of the customer, its successors and assigns.

### STATEMENT OF JOINT AND SEVERAL LIABILITY

Corporations, Partnerships, Joint Ventures, Personally Held Corporations and Sole Proprietorships (Customer), Customers successors, assigns, and officers agree that the organization indicated below will pay all invoices in accordance with these terms and hold personal liability in the event of non-payment.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please return completed form in pdf format to [accounting@caresources.net](mailto:accounting@caresources.net)