

ASSIGNED CUSTOMER NO.

CREDIT LIMIT



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CREDIT APPLICATION

Name of Firm or Corp: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_ Fax No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ EIN \_\_\_\_\_

Zip \_\_\_\_\_

Annual Sales Volume: \_\_\_\_\_ Credit Amount Desired \$ \_\_\_\_\_

Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

Entity: Corporation/LLC   
Partnership   
Proprietorship

If a Corporation, List names of Officers and Titles, If other entity, list names of Partners or Owners

| Name  | Address | Email Address |
|-------|---------|---------------|
| _____ | _____   | _____         |
| _____ | _____   | _____         |
| _____ | _____   | _____         |

Please list THREE trade references that you are presently doing business with:

| Company Name | Complete Address (Street, City State and Zip) | Credit Rating |
|--------------|---|---------------|
| _____        | _____   | _____         |
| _____        | _____   | _____         |
| _____        | _____   | _____         |

YOUR BANKING INFORMATION

| Name of Institution | COMPLETE ADDRESS (Street, City, State and Zip) |
|---------------------|--|
| _____               | _____  |
| _____               | _____  |

CUSTOMER'S SIGNATURE WARRANTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY ALL INVOICES IN ACCORDANCE WITH THE TERMS GRANTED, THE TRUTH AND COMPLETENESS OF ALL INFORMATION SUPPLIED HEREIN, AND CUSTOMER'S ACCEPTANCE OF THE FOLLOWING TERMS:

All goods and services shall be provided in accordance with ACE airbills, including the terms and conditions stated on the reverse side thereof. Acceptance of this Credit Application does not constitute an agreement to extend credit to Customer except to the extent that ACE approves Customer's application and notifies Customer in writing of credit terms and conditions. ACE may, in its sole and absolute discretion, may set or modify credit limits and terms and conditions from time to time or terminate credit, with or without notice to Customer, provided that no change of terms shall be applied retroactively.

Authorized Signature / Title: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our bank(s) to release any information necessary to assist in establishing a line of credit.

Firm Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Authorized by: \_\_\_\_\_

Approved: YES  Reason \_\_\_\_\_

NO  \_\_\_\_\_