

CREDIT APPLICATION & AGREEMENT

BILLING ADDRESS	
Company Name	
Street Address	
City, State, Zip	
Telephone	Fax
Email (Required for invoices & statements)	

PHYSICAL ADDRESS	
Company Name	
Street Address	
City, State, Zip	
Telephone	Fax
Email	

GENERAL INFORMATION	
Federal Tax ID#	If incorporated, specify state and date of incorporation
Type of Business	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (please specify)
President/Owner	Controller
AP Contact	AP Email
Has ownership changed in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No No. of years in business

TERMS & CONDITIONS
On behalf of the applicant(s): I/we agree(s) that application for credit and payment for services will subject to the following:
1) Customer agrees that all amounts due are payable Net 15 days from the date of invoice.
2) In the event the account becomes delinquent and is turned over for collection, Customer agrees to pay all costs of collection including reasonable attorney fees and court costs.
3) Customer authorizes the Company Radiant Logistics/Profiles International to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.
4) Customer Acknowledges Receipt of the Company's Governing Terms and Conditions of Service herewith- Also available at www.airgroup.com/terms
By signing below Applicant agrees information on this form is correct and agrees to be bound by the terms and conditions above.

Bank name	
Bank branch	
Bank contact	
Phone number	Account number
Line of credit account #	Account number
Authorized signer's name (type or print)	Date
Authorized signer's title (required)	
Authorized signers telephone (required)	
Authorized signers email (required)	
Authorized signature (required)	

*****NOTE: Shipments via air are subject to inspection*****

Airgroup servicing station (applicant or station MUST complete otherwise application will be denied)	
Airgroup sales rep	
Account number (to be completed by Corporate)	

Return completed application via the following methods:
1. By faxing to (425) 943-4586 ATTN: Cust. Credit Mgmt
2. By scanning and emailing to custcreditmgmt@airgroup.com