



CREDIT APPLICATION

Page 1 of 2

Company Name: _____

Mailing Address: _____

City: _____ Prov/State: _____

Zip/Postal Code: _____ Country: _____

Telephone No.: _____ Fax No.: _____

Purchasing Contact: _____ Accounting Contact: _____

GST No.: _____ PST No.: _____

EIN No. (U.S.A.): _____ VAT No.: _____

Type of Business: Manufacturer Distributor Service
 Corporation Partnership Other: _____

Monthly credit requested: \$ _____

Bank Name: _____

Bank Contact Name: _____

Bank Address: _____

Bank Telephone No.: _____ Bank Fax No.: _____

PLEASE PROVIDE INDUSTRY/TRADE REFERENCES AND AUTHORIZED SIGNATURE ON PAGE 2 OF THIS CREDIT APPLICATION

TRADE REFERENCES

Company Name: _____
Company Contact: _____
Address: _____
Telephone No.: _____ Fax No: _____

Company Name: _____
Company Contact: _____
Address: _____
Telephone No.: _____ Fax No: _____

Company Name: _____
Company Contact: _____
Address: _____
Telephone No.: _____ Fax No: _____

This request for credit is being made with the intention of opening a credit account with CASP Aerospace Inc. I declare that all pertinent information given is truthful and hereby authorize CASP Aerospace Inc. to run a credit check. Payment will be made within 30 days from receipt of invoices. All unpaid balances will carry interest charges of 2% per month.

Signature: _____ Date: _____

Printed Name: _____ Title: _____