



Account Application

Business Name: _____

Type of Business: _____

Business Address: _____

City _____ State _____ Zip _____

Phone: _____ Sales Tax Number _____

Email Address: _____

Invoice / Statements Mail _____ Fax _____ Email _____

How long in business at this address: _____

Our legal entity is: Corporation _____ Partnership _____ Proprietorship _____

(If a corporation, list names of officers and titles. If another entity, list names of partners or owners.)

Name _____ Title _____ Address _____ City _____ State _____ Zip _____

Name _____ Title _____ Address _____ City _____ State _____ Zip _____

Name _____ Title _____ Address _____ City _____ State _____ Zip _____

Type of Account: COD _____ Credit Card Only _____ Open Account _____

Credit References

Bank: _____ Account Number: _____

Address: _____

Fill out and return by either email: vtang@omahaairplanesupply.com or fax 531-444-2780



Company _____ Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Company _____ Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Company _____ Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Please read and sign:

It is noted that this is only an application for credit and that credit is based on approval of the Credit Department of Omaha Airplane Supply. If credit is approved and purchases are made on an open account basis, I (we) agree to pay according to the terms granted. If I (we) fail to pay on these terms, it is realized that no further purchases on a charge basis will be made until the account is current. The amount past due will be subject to the late charge of 1 ¼% per month.

I (we) have read the above statement and agree to the terms set forth and acknowledge receipt of the copy of this application and disclosure.

Date _____ Signed By (print) _____ Title _____

Signature _____

If Incorporation or Limited Liability Company, please read and sign below.

In consideration of Omaha Airplane Supply ("OAS") extending credit to the above company the undersign hereby personally guarantee to pay any obligation of the company that remains unpaid.

Sign _____ Date _____

Print _____

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