



CREDIT APPLICATION

I. _____
Firm Name

Street Address or Post Office Box

City, State Zip Code Telephone #

Length of time this business had been established. Years _____

Business Structure: Corporation_____Partnership_____Individual_____

If Corporation, list Officers, Directors, State and Date of Incorporation:

II. Maximum Credit Line Requested: \$_____

III. Trade Reference: (Firms presently extending credit to you).
Please include fax #.

1)_____ 2)_____

3)_____ 4)_____



FAA CRS T40R209N

Harriman and West Airport

North Adams, MA 01247

(413) 664-4585 / Fax (413) 663-3764

ACCOUNT INFORMATION

Company Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

DOM/Chief Pilot: _____

Phone Number: _____

Contact Name for Billing: _____

Phone Number: _____

Aircraft Information: Make/Model: _____

Register #: _____

Serial Number: _____

Credit Card Information: Type: _____

Name on Card: _____

CC#: _____

Expiration Date: _____

Credit Card Billing Zip Code: _____



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IV. Banks and Financial Institutions with whom business relations are maintained:

IV. GENERAL INFORMATION:

Credit Applications must be signed by Prospective Customer:

Credit Applicant: _____

Authorized Signature: _____

Title: _____

SS#: _____

Company FID#: _____

Date: _____

FOR TURBOPROP EAST INC. USE ONLY

Submitted By: _____

Date: _____

Credit Department:

Rating: _____ Approval: _____

Credit \$: _____ Date: _____



FAA CRS T4OR209N

Harriman and West Airport
North Adams, MA 01247
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Turboprop East, Inc. Payment Policy

All new accounts require payment in full upon delivery of your aircraft.

After credit has been established, approximately six months after Turboprop East, Inc. has begun to service your aircraft, Turboprop East requests that your company’s credit card be on file. If payment for services is not received in full within 30 days of invoice, the credit card on file will be charged the full amount due.

Any account not paid within 30 days will be charged interest at the rate of 1.5% per month (18% per annum or the maximum amount as permitted by law) on the past due balance.

By signing below, you understand and agree that you will be responsible for payment of all collection costs and reasonable attorney fees in the event that it becomes necessary to place any past due amount(s) with an agency or an attorney at law for collection.

I have read and I understand the payment policy of Turboprop East, Inc.
This _____ day of _____, _____.

Company Name

Authorized Signature (Name & Title)