

AERONAUTICAL COMPONENTS INC.

APPLICATION FOR CREDIT

THIS SECTION MUST BE READ AND SIGNED BY AN OFFICER OF THE COMPANY.

IT IS THE POLICY OF AERONAUTICAL COMPONENTS, INC. TO OBTAIN A SIGNED CREDIT APPLICATION, SHIPPING INFORMATION FORM AND TAX EXEMPT INFORMATION FROM ALL CUSTOMERS REQUESTING AN OPEN ACCOUNT.

NO REQUESTS WILL BE PROCESSED WITHOUT THE SIGNATURE OF A CORPORATE OFFICER.

*****ALL PAGES MUST BE FILLED OUT IN THEIR ENTIRETY

PLEASE NOTE: WE HAVE A \$250 INITIAL ORDER REQUIREMENT WHEN ESTABLISHING AN OPEN ACCOUNT, ALL SUBSEQUENT ORDERS REQUIRE A \$50 FOR DOMESTIC AND A \$250 INTERNATIONAL ORDER MINIMUM.
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Applicant's signature attests to financial responsibility, ability and willingness to pay our invoice(s) in accordance with our terms of Net 30 from the date of the invoice. Any invoices not paid within 15 days of our terms are subject to an additional 1.5% per month (18% annual) finance charge and all future shipments are suspended. It is also agreed that invoices reaching 45 days past terms are subject to Legal Proceedings being filed. Any legal expenses incurred by Aeronautical Components, Inc. while trying to collect these invoices are the responsibility of the customer.

I have read the above terms and conditions and am authorized to agree to these terms on behalf of the company requesting credit.

Company Name: _____

Signature: _____

Title: _____

Print Name: _____

Date: _____

****Please return via Fax to Accounting Department Fax# 631-842-6218****

www.aeronauticalcomponents.com

NEW ACCOUNT INFORMATION FORM

CUSTOMER NAME: _____
BUYER CONTACT NAME: _____
BUYER PHONE # / FAX #: _____
BILL TO ADDRESS: _____

OF COPIES OF INVOICE REQUIRED: _____
PREFERRED METHOD OF RECEIVING INVOICES:
___ MAIL _____ FAX (FAX#) _____
___ EMAIL (ADDRESS) _____

SHIP TO ADDRESS: _____

PREFERRED SHIPPING METHOD _____
Insurance requested on shipments: ___ YES ___ NO
(If no is checked, no insurance will be charged on outgoing shipments, all responsibility, including financial for damage or loss of parts will become the responsibility of the company completing this form)
PLEASE INITIAL HERE TO ACCEPT. _____ INITIALS

BLANKET SALES TAX CERTIFICATE

Purchaser hereby certifies to seller: Aeronautical Components, Inc. that:

- 1.) Purchaser holds a valid registration or permit number _____ Issued by the State of _____.
- 2.) The tangible personal property purchased on each order we shall give unless otherwise specified on each order, and until notice is revoked in writing are purchases for:
(Please check one)

___ Resale _____ To be incorporated as material or component part of other tangible personal property to be produced for sales by manufacturing, fabrication, assembling or refining.

___ Other (Specify) _____

The undersigned purchaser certifies that he will assume payment of the tax and any penalties or interest if he uses property herein purchased in such a manner as to render the sale subject to tax.

Date: _____ Company Name: _____

Name: _____ Title: _____

CUSTOMER INFORMATION			
COMPANY NAME:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
TYPE OF BUSINESS	YEARS ESTABLISHED	NO. OF EMPLOYEES	AMT OF CREDIT REQUIRED
CONTACT INFORMATION			
ACCOUNTS PAYABLE CONTACT	PHONE #	FAX #	E-MAIL
PURCHASING CONTACT	PHONE#	FAX#	E-MAIL
BUSSINESS STRUCTURE			
<p> <input type="checkbox"/> Corp. (Public) <input type="checkbox"/> Corp. (Private) Date Incorporated _____ State ____ If a division or subsidiary, name of parent Corporation _____ <input type="checkbox"/> Partnership-General <input type="checkbox"/> Partnership-Limited <input type="checkbox"/> Sole Proprietorship </p>			
BANK REFERENCE			
BANK		ACCOUNT NUMBER	
OFFICER'S NAME		PHONE#	FAX#
TRADE REFERECENES			
COMPANY NAME:			PHONE #
ADDRESS:	CITY :	STATE:	ZIP:
COMPANY NAME:			PHONE #
ADDRESS:	CITY :	STATE:	ZIP:
COMPANY NAME:			PHONE #
ADDRESS:	CITY :	STATE:	ZIP:
COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS			
NAME :		TITLE :	%OWNERSHIP
NAME :		TITLE :	%OWNERSHIP
NAME :		TITLE :	%OWNERSHIP
AUTHORIZATION TO VERIFY INFORMATION			
The undersigned, for the purposes of establishing credit with Aeronautical Components, Inc., authorizes Aeronautical Components, Inc., to contact any parties listed herein and to verify any information contained in the Credit Application.			

SIGNATURE: _____ TITLE: _____