

AEROMUNDO EXPRESS

CREDIT APPLICATION

OUR GOAL IS TO ESTABLISH A SOLID BUSINESS RELATION WITH YOUR COMPANY.
PLEASE COMPLETE AND FAX FOR IMMEDIATE PROCESSING.

FIRM NAME _____
RNC _____ OR TAX ID _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____
TYPE OF BUSINESS _____
CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____
YEARS ESTABLISH _____

PRINCIPALS: (NAME OF OFFICERS OR OWNERS)

NAME _____ POSITION _____
NAME _____ POSITION _____
NAME _____ POSITION _____

BUSINESS REFERENCES:

COMPANY _____ ACCOUNT _____
CONTACT(S) _____
TELEPHONE _____ FAX _____

COMPANY _____ ACCOUNT _____
CONTACT(S) _____
TELEPHONE _____ FAX _____

BANK REFERENCE:

BANK _____ ACCOUNT _____
OFFICER _____ TELEPHONE _____
ADDRESS _____

I STATE THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND AUTHORIZE A BANK ACCOUNT CHECK.

NAME _____ POSITION _____
CEDULA _____ DATE _____

SIGNATURE _____