

Credit Application
For a Business Account



BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Type of Corporation:	Tax ID Number:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address:			
Phone:	Fax:	E-mail:	
Bank name:			
Bank address:	Phone:		
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

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ACCOUNTS PAYABLE INFORMATION

Accounts Payable Contact:	E-mail:
Phone:	Fax:
Accounts Payable Manager:	Email:
Phone:	Fax:
Invoices should be courier to:	
Invoices should be emailed to:	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize CARGO SERVICES INTERNATIONAL to make inquiries into the banking and business/trade references that you have supplied.
4. Please fax completed application to 407-240-2264 or email to: docs@cargoservicesintl.com

To the best of my knowledge, the above statements are true. My signature below A) indicates my permission to obtain information from the sources referenced as many times as necessary and B) attests financial responsibility and willingness to pay invoices in accordance with terms.

Acting on behalf of _____ the below signatory understand and agree to these credit terms and conditions of Sun Country Airlines Cargo.

Authorized Signature _____ Date _____

Printed Name and Title _____