

H.O.: PO Box 611117, San Jose, CA 95161 USA **Telephone: (408) 957-8787 •** Fax: (408) 957-7557

CREDIT APPLICATION & Power of Attorney

Customer:	Credit line requested:
Street Address:	Billing Address:
Type of Business:	Contact Person:
Phone (Fax:	Fed. ID # (EIN / SS#):
□ Corporation □ Partnership □ Single Owner (Proprietorship)	State Corp / Ficticious #:
Annual Sales \$ Date Established:	D&B #:
1) If Corporation, name of Parent:	Email:
Res. Address: (Owner/President):	President/Owner:
	Vice Pres/Partner:
	Secretary/Partner:
Bank Reference:	
Name/Branch:	Contact:
Address:	Checking Acct. #:
Address.	Savings Acct. #:
Tel:Fax:	Borrowing Acct. #:
Tax.	Borrowing root: #:
Trade References: (Please supply complete information)	
Name:	Name:
Address:	Address:
Phone () Fax:	Phone () Fax
Name:	Name:
Address:	Address:
Phone () Fax:	Phone () Fax
I hereby authorize the release of credit information regarding my account to Air	r 7 Seas. All information is in confidence and without recourse to you.
Signature: Name/Title:	Date/Place:
Return the above information CONFIDENTIAL to the Credit Dept. , Air 7 Seas .	, , ,

TERMS AND CONDITIONS:

A delinquency charge of 1.5% (annual rate 18%) on accounts past due after 15 days, plus all costs of collection, suite & attorney fees will be charged to the customer. The person signing below hereby guarantees the full payment of all indebtedness, obligations & liabilities of customer named on this application, to Air 7 Seas, promptly when due, and also authorizes Air 7 Seas to act as forwarding agent for export control & customs purposes. All legal matters are subject to the jurisdiction of Santa Clara County, CA.

Signature:		Name/Title:	Date/Place:
_	(only shareholder, partner or owner)		