



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 / Fictitious #: _____

Annual Sales \$ _____ Date Established: _____

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. #: _____

Tel: _____ Fax: _____

Savings Acct. #: _____

Borrowing Acct. #: _____

Trade References: (Please supply complete information)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____ Email: _____

Phone (_____) _____ Email: _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone (_____) _____ Email: _____

Phone (_____) _____ Email: _____

I hereby authorize the release of credit information regarding my account to Air 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, H.O.: PO Box 611117, San Jose, CA 95161** along with the Attachments:

- Fictitious Business Name Statement Article of Incorporation

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)