

ASSIGNED CUSTOMER NO.



CREDIT LIMIT

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CREDIT APPLICATION

Name of Firm or Corp: _____
Address: _____
City: _____ State: _____
Zip _____
Annual Sales Volume: _____

Phone No. _____
Seasonal _____
Phone No. _____
Fax No. _____
EIN _____

Credit Amount Desired \$ _____

Type of Business _____ Years in Business _____

Entity: Corporation/LLC
Partnership
Proprietorship
Seasonal When?

If a Corporation, List names of Officers and Titles, If other entity, list names of Partners or Owners

Name	Address	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list **THREE** trade references that you are presently doing business with:

Company Name	Complete Address (Street, City State and Zip)	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOUR BANKING INFORMATION

Name of Institution	COMPLETE ADDRESS (Street, City, State and Zip)
_____	_____
_____	_____

CUSTOMER'S SIGNATURE WARRANTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY ALL INVOICES IN ACCORDANCE WITH THE TERMS GRANTED, THE TRUTH AND COMPLETENESS OF ALL INFORMATION SUPPLIED HEREIN, AND CUSTOMER'S ACCEPTANCE OF THE FOLLOWING TERMS:

All goods and services shall be provided in accordance with ACE airbills, including the terms and conditions stated on the reverse side thereof. Acceptance of this Credit Application does not constitute an agreement to extend credit to Customer except to the extent that ACE approves Customer's application and notifies Customer in writing of credit terms and conditions. ACE may, in its sole and absolute discretion, may set or modify credit limits and terms and conditions from time to time or terminate credit, with or without notice to Customer, provided that no change of terms shall be applied retroactively.

Authorized Signature / Title: _____ / _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our bank(s) to release any information necessary to assist in establishing a line of credit.

Firm Name _____
Address _____ City, State, Zip _____
Authorized by: _____

Approved: YES Reason _____
NO _____