



## CREDIT APPLICATION

### BUSINESS CONTACT INFORMATION

Company Name:

Contact Name:

Title:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

EIN #:

Sole proprietorship:

Partnership:

Corporation:

Other:

### BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Savings

Checking

### BUSINESS/TRADE REFERENCES

1) Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

2) Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

3) Company Name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

### AGREEMENT

1. All invoices are to be paid 15 days from the date of the invoice.
2. By submitting this application, you authorize ALASKA AIR FORWARDING, INC to make inquiries into the banking and business/trade references that you have supplied.

### SIGNATURES

Title:  
Date:

Title:  
Date: