



AIR SUPPORT, INC.

CREDIT APPLICATION

The information requested on this form is for the sole and confidential review by Air Support, Inc and not to be released to any outside parties

Circle One: Corporation Partnership Other: _____

Federal ID Number or Social Security Number:		
Name of Business:		How Long in Business:
Billing Address:		
City:	State:	Zip:
Phone:	Fax:	
Contact Name:	Contact Email:	
A/P Name:	A/P Email:	
Other	Other Email:	

ALL NEW ACCOUNTS REQUIRE A VALID CREDIT CARD ON FILE OR ATTACHED LIST OF CREDIT REFERENCES

Credit Card Information: _____ Attached Bank & Credit References: _____

Credit Limit Requested: \$ _____

Name on Credit Card:		
Type of Credit Card: (Visa, Master Card, Discover)		
Credit Card Number:	Exp. Date	Security Code:
Billing Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

I hereby agree to the payment terms as set forth by Air Support, Inc and acknowledge payment terms as Net 30 days. In addition, I understand any past due accounts are subject to a service charge of 1-1.5% per month (18% Annual Rate). In the event action is required to collect my debt, I, the customer, will be responsible for any attorney or collection fees. Terms & Conditions can be found at www.airsupportinc.com

Print Name: _____ Signature: _____

Title: _____ Date: _____

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