

Alliance Air Parts Inc (AAPI)  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Company name:			
dba if different than above:			
Phone:	Fax:	Accounting email:	
Company mailing address:			
City:	State:	ZIP Code:	
How many years in business:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	EIN:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:	Account number:		
Bank Contact Name:			
Bank Contact Email:			
Bank Contact Direct Phone:			

**BUSINESS/TRADE REFERENCES  
(EMAIL ADDRESS REQUIRED)**

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

**AGREEMENT**

1. The undersigned is authorized by your company to sign this application. If you require two signatures please use both signature blocks.
2. By submitting this application, you authorize 1Balliance Air Parts Inc (AAPI) to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title: Date:	Title: Date:
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