

APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, State ZIP Code			

BUSINESS AND CREDIT INFORMATION			
City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

SHIPPING AND BILLING INFORMATION			
Shipping Address		Billing Method	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Other
City, State ZIP Code		Billing Address	
Method of Shipment		City, State ZIP Code	
Carrier Name		Billing Email Address	
Carrier Account Number		Accounts Payable Contact	
Other Specifications:		Phone	
		Email	
		Other Specifications:	

AGREEMENT			
1. All invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize A J Walter Aviation Ltd to make inquiries into the banking and business/trade references that you have supplied.			

SIGNATURES			
Signature		Signature	
Name and Title		Name and Title	
Date		Date	