

CREDIT APPLICATION

Company Name: _____

DBA: _____

Mailing Address: _____

Shipping Address: _____
(If different from mailing address)

Telephone: (____) _____ Fax(____) _____

Federal Tax ID _____

CRS ID _____
(If tax exempt, please attach certificate)

E-mail address: _____

Website Address: _____

OWNERSHIP

Ownership: ____ Corporation ____ Sole Proprietorship ____ Partnership

Principal: _____
(Name) (Title) (SSN)

Principal: _____
(Name) (Title) (SSN)

BANKING

Banking Institution: _____

Address: _____

Account Number: _____

Telephone: (____) _____

Fax: (____) _____

Contact: (____) _____

TRADE REFERENCES

Name Suppliers of Products and Services
(Include Address, Phone and Fax)

1) _____

2) _____

3) _____

**Please send to Air Star Inc., Attn: Cari Drake. PO Box 1510, Aztec,
NM 87410 (505) 634-0602 Fax (505) 634-0609 or e-mail to:
caridrake@airstarinc.com**

Terms: Net 30. All accounts not paid by the 31st day will be subject to a 1.5% finance charge. Applicant agrees to the terms and conditions. Applicant agrees to pay any collections costs incurred to collect the amount balance, including reasonable attorney's fees. The undersigned as an inducement to grant credit warrants that the information above is true and correct. You are authorized to investigate the credit references listed above.

Name: _____ **Title:** _____

Date: _____