

NET 30 TERMS APPLICATION FORM

BUSINESS NAME:			
BUSINESS ADDRESS:	ZIP		
TELEPHONE NO.:			FAX NO.:
TYPE OF ORGANIZATION:	<input type="checkbox"/> Corporation		<input type="checkbox"/> Proprietorship
YEAR ESTABLISHED:	<input type="checkbox"/> Partnership		<input type="checkbox"/> Individual
COMPANY DIRECTORS:	1.	2.	
FINANCE MANAGER:		NO. OF EMPLOYEES:	
CREDIT LIMIT REQUIRED:		ANNUAL SALES:	
PRINCIPAL BANK:			
ADDRESS:			
CONTACT:		TELEPHONE:	
ACCOUNT NO.		FAX:	
AVIATION REFERENCES (Gives names of those you buy on an open account)			
1. Company Name			
Address:			
Phone & Fax:			
2. Company Name			
Address:			
Phone & Fax:			
3. Company Name			
Address:			
Phone & Fax:			

The above information is given for the purpose of obtaining credit and is warranted to be true. We affirm that we are financially able to meet our obligations and will remit accordance with the invoice terms.

Date: _____ By: _____ (company stamp)

Our terms are net 30 days from invoice date. All parts/goods belong to Dynaron Enterprises Pte Ltd until full payment has been made against the invoice. Invoice finance charge is assessed on all account balance over 30 days of age at the rate of 3% monthly.

Approved on: NET _____	Date: _____
Credit Limit: _____	By: _____