



HB Aerospace New Customer Credit Application

Business Legal Name: _____

Billing Address:

Street Address: _____
City: _____
State: _____ Zip: _____
Country: _____
Phone: _____
Fax: _____

Shipping Address:

Street Address: _____
City: _____
State: _____ Zip: _____
Country: _____
Phone: _____
Fax: _____

Federal Tax ID Number: _____
State Tax ID Number: _____
Government Cage Code: _____
D&B Number: _____
Date Business Established: _____

Buyer Contact: _____
Buyer Phone: _____
Accounting Contact: _____
Accounting Phone: _____
Accounting email: _____

Type of Business: _____

Business Entity: Proprietorship Partnership LLC Corporation

State of Incorporation: _____ Year Incorporation: _____

Check Appropriate: Large Business Small Business Small/Disadvantaged
 Women Owned Handicapped Labor Surplus

Disadvantaged Group American Indian American Eskimo Native Hawaiian
(Check if Applicable) Black American American Oriental Asian Pacific American
 Spanish American American Aleut Other – approved by SBA

Business Officers/Members/Owners:

| Name: | Title: | % Ownership |
|-------|--------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Bank Name & Address:

Bank Name: _____ Bank Officer: _____
Street Address: _____ Bank Phone: _____
City: _____ State: _____ Bank Account Number: _____
Zip: _____ Country _____



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Three trade reference required:

| | |
|---------------------------|---------------------------|
| Company Name: _____ | Company Name: _____ |
| Street address: _____ | Street address: _____ |
| City: _____ State: _____ | City: _____ State: _____ |
| Country: _____ Zip: _____ | Country: _____ Zip: _____ |
| Financial Officer: _____ | Financial Officer: _____ |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |

| | |
|---------------------------|---------------------------|
| Company Name: _____ | Company Name: _____ |
| Street address: _____ | Street address: _____ |
| City: _____ State: _____ | City: _____ State: _____ |
| Country: _____ Zip: _____ | Country: _____ Zip: _____ |
| Financial Officer: _____ | Financial Officer: _____ |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |

Estimated monthly Purchases: \$ _____ Credit line requested: \$ _____
 Payment Method: _____

**Payment Terms of Net 30 Days are strictly enforced.
 All payment is required in United States Dollars**

The above information is provided for the purpose of extending credit to your company. To the best of your knowledge and belief, the information provided is current and accurate and may be relied upon in making a credit decision. You authorize banks and suppliers to furnish HB Aerospace Holdings, LLC with any information to complete an evaluation of credit worthiness and history.

Authorized Company Officer/Agent: _____
Title: _____

Signature: _____
Phone: _____
Date: _____

HB Aerospace Internal Use

| | |
|--------------------------------|--------------------|
| Credit Line Approved: \$ _____ | Comments: _____ |
| Payment Terms: _____ | _____ |
| Prepared by: _____ | Verified by: _____ |
| Approved by: _____ | Date: _____ |