



Quality Aircraft Parts Since 1984

Regarding your request for credit with Quest Aviation, Inc., please complete the following forms and fax to ATTN: Sandy Thompson at (386) 961-8200 and we will process your application.

If you need assistance, please call (386) 961-9300 or email at acct@quest-aviation.com

Sandy Thompson
Accounting Manager
Quest Aviation, Inc.

Quest Aviation, Inc.

173 SE Newell Drive, Lake City, Florida 32025

Phone (386) 961-9300

Fax (386) 961-8200

CREDIT APPLICATION

I. Company Information

Company Name: _____

Mailing Address: _____

Shipping Address: _____

Telephone: _____

Fax: _____

Federal Employer Identification Number: _____

Business Entity Type: _____

Sales Tax Exemption #: _____

Date Business Established: _____

Accounts Payable Contact: _____

Accounts Payable e-mail Address: _____

Preferred Method For Receiving Statements: (Please circle one)

MAIL

FAX

E-MAIL

II. Personal Information on Owners/Officers of Company

(1) Name: _____ Title: _____

Home Address: _____

Home Phone: _____

(2) Name: _____ Title: _____

Home Address: _____

Home Phone: _____

(3) Name: _____ Title: _____

Home Address: _____

Home Phone: _____

III. Banking Information

Bank Name: _____
Contact Name: _____
Address: _____

Telephone: _____
Fax: _____
Account Number: _____

IV. Trade References:

(no fuel companies)

(1) Company: _____
Address: _____

Telephone: _____
Fax: _____

(2) Company: _____
Address: _____

Telephone: _____
Fax: _____

(3) Company: _____
Address: _____

Telephone: _____
Fax: _____

(4) Company: _____
Address: _____

Telephone: _____
Fax: _____

V. Filings

1. Have there been any filings of litigation or is there any litigation pending against you or your company at this time?
____ No ____ Yes If yes, explain on a separate page.
2. Have any federal or state tax liens ever been filed against your company?
____ No ____ Yes
If yes, have the liens been satisfied? ____ No ____ Yes
3. Has your company, or if a partnership or proprietorship; any partner or the proprietor, filed bankruptcy within the last seven (7) years? ____ No ____ Yes
If yes: ____ Chapter VII or ____ Chapter XI
State name of bankruptcy Court: _____ Number: _____

TERMS FOR OPEN ACCOUNT:

- All accounts are due and payable in full upon receipt of invoice and are considered delinquent upon 30 days of the invoice date.
- If your account becomes 30 days delinquent we may choose to assess your outstanding balance with a monthly service fee of 1.5% monthly interest rate. This adds up to an 18% compounded annual interest.
- Invoices not paid in full within 45 days shall be considered delinquent and shall be cause for termination of open account status.
- In the event your account becomes 60 days delinquent, it will be referred to collections.
- Customer agrees to pay any collection cost incurred to collect the account balance including reasonable attorney's fees.
- The undersigned and the applicants (officers of company) listed above shall be jointly and severally liable for the payments of any credit extended by Quest Aviation, Inc.
- Customer agrees jurisdiction and collection venue lie and are limited to Lake City, Florida, Columbia County.
- Customer understands that the continued solvency of the Customer is a precondition to any sale(s) or service(s) by Quest Aviation, Inc. and agrees to provide Quest Aviation, Inc. a statement that the Customer is and remains solvent. The Customer agrees to provide Quest Aviation, Inc., upon request, with an updated Quest Aviation, Inc. Credit Application and financial information as a condition to further extensions of credit.

I AGREE TO THE TERMS SET FORTH ABOVE

Signature and Title of Corporate Officer or Business Owner

Print Name and Title

Social Security Number (REQUIRED)

AUTHORIZATION TO RELEASE ACCOUNT INFORMATION

I, _____ hereby authorize _____
(Officer of the Corporation or Authorized Representative) (Financial Institution)
to release information regarding status of our account and general credit information for the
purpose of establishing an open credit account with Quest Aviation, Inc. Please release
to Quest Aviation, Inc. the information requested on their Confidential Credit Inquiry Form.
All information will be kept confidential. Thank you.

Signature _____

Title _____

Account Number _____

Phone Number _____