

INDIVIDUAL CREDIT APPLICATION



P.O. Box 4209 AVIATION
Lynchburg, VA 24502
Telephone: 434-237-8422
Fax: 434-237-6715

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

email \_\_\_\_\_

Credit Limit Desired \$ \_\_\_\_\_ Services Desired \_\_\_\_\_

Aircraft Type \_\_\_\_\_ Aircraft No. N \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Length of Employment \_\_\_\_\_

Credit Information:

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Credit References

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Contact Person \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Contact Person \_\_\_\_\_

Credit Card Type \_\_\_\_\_ Card No. \_\_\_\_\_

Exp. \_\_\_\_\_ Billing Zip Code on Card \_\_\_\_\_ V No. \_\_\_\_\_

Terms:

Payment is due upon receipt of statement. Our finance charges are computed at the rate of 1.5% monthly, 18% annually. Account balances over 30 days past due will be billed to the above credit card plus 5% penalty for late payment. Applicant grants to Virginia Aviation attorney's fees for collection of any amounts past due. The information provided above is true and correct to the best of my knowledge, and I authorize Virginia Aviation to investigate the reference statements pertaining to credit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print or type signature name \_\_\_\_\_



**AVIATION**

**CORPORATE CREDIT APPLICATION**

P.O. Box 4209  
Lynchburg, VA 24502  
Telephone: 434-237-8422  
Fax: 434-237-6715

**Business Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_  
email \_\_\_\_\_

Contact Person for Billing: \_\_\_\_\_  
Sales Tax Exempt No. \_\_\_\_\_  
Credit Limit Desired: \_\_\_\_\_  
Officers or Owners of Business:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

Aircraft Type \_\_\_\_\_ Aircraft No. N \_\_\_\_\_

**Credit Information:**  
Bank Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_

**Credit References**  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Contact Person \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Contact Person \_\_\_\_\_

**Credit Card Type** \_\_\_\_\_ **Card No.** \_\_\_\_\_

**Exp.** \_\_\_\_\_ **Billing Zip Code on Card** \_\_\_\_\_ **V No.** \_\_\_\_\_

**Terms:**  
Payment is due upon receipt of statement. Our finance charges are computed at the rate of 1.5% monthly, 18% annually. Account balances over 30 days past due will be billed to the above credit card plus 5% penalty for late payment. Applicant grants to Virginia Aviation attorney's fees for collection of any amounts past due. The information provided above is true and correct to the best of my knowledge, and I authorize Virginia Aviation to investigate the reference statements pertaining to credit.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please print or type signature name \_\_\_\_\_