



CREDIT APPLICATION

Thank you for requesting a customer account with our company. In order for us to establish a credit account suitable for your business needs, please assist us by filling in the appropriate information and return it to the address listed below. Please complete both sides of this application.

Individual or Company Name: _____
Name as it should appear on the account.

Address: _____ Telephone: _____
_____ Fax: _____

Corporation Partnership Sole Proprietorship Year Established: _____

Type of Business: _____

Federal Tax I.D. Number: _____ Amount of Credit Requested: \$_____

[[[If credit applied for is \$10,000 or more, an annual Financial Statement is required [[[

If Subsidiary or Division, List Parent Company's Name and Address:

Business Name: _____

Address: _____ Telephone: _____
_____ Fax: _____

Corporation or Partnership:

<u>Principals or Partners</u>	<u>Title</u>	<u>Principals or Partners</u>	<u>Title</u>
_____	_____	_____	_____
_____	_____	_____	_____

Sole Proprietorship or Individual:

<u>Name of Owner</u>	<u>Social Security Number</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____

(Continued on Reverse)

MAILING ADDRESS: P.O. Box 3500, Portland, Oregon 97208 LOCATION: Aurora Airport, Aurora, Oregon
TELEPHONE: (503) 678-1222 FAX: (503) 678-5841
FAA APPROVED REPAIR STATION NO. CHIR823C

COLUMBIA HELICOPTERS, INC.
BUSINESS REFERENCES

Name four business references with whom you have had open accounts within the past year:

1. Name: _____	Account #: _____
Address: _____	Telephone: _____
_____	Fax: _____
2. Name: _____	Account #: _____
Address: _____	Telephone: _____
_____	Fax: _____
3. Name: _____	Account #: _____
Address: _____	Telephone: _____
_____	Fax: _____
4. Name: _____	Account #: _____
Address: _____	Telephone: _____
_____	Fax: _____

BANK REFERENCE

Bank: _____	Branch: _____	Account #: _____
Address: _____	Telephone: _____	
_____	Fax: _____	
Account Type: _____	Bank Officer: _____	

To be certified by an officer of the company:

The above information is complete and correct to the best of My/Our knowledge. The signature below authorizes Columbia Helicopters, Inc. to call the above references and banks listed in order to ascertain My/Our credit history. Unless otherwise agreed to in writing, each invoice is payable net 30 days. A finance charge computed by a "PERIODIC RATE" of 1-1/2% per month for an "ANNUAL PERCENTAGE RATE" of 18% will be made on all balances more than 30 days old, unless applicable law requires a lesser percentage in which case the maximum rate permitted by law shall be charged. If collection and/or legal action is pursued by Columbia Helicopters, Inc. on any past due amounts, I/We agree to pay all collection fees, including attorneys fees, in collection and in litigation if action is filed thereon, and court costs related to such action.

_____ Signature	_____ Title	_____ Date
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