



**Air Cargo Entertainment Services, Inc.
CREDIT APPLICATION**

BUSINESS CONTACT INFORMATION

Title:		Date business commenced: _____	Fed ID#: _____
Company name:		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax:			
E-mail:			
Company address: City, State ZIP Code:			

BUSINESS AND CREDIT INFORMATION

Billing Address:		Bank name:	
How long at current address?		Primary business address: City, State ZIP Code:	
Accounts Payable Phone:		Phone:	
Accounts Payable Fax:		Account number:	
Accounts Payable E-mail:		Type of account:	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Air Cargo Entertainment Services, Inc. to make inquiries into the banking and business/trade references that you have supplied.
4. Please fax completed application to 888-595-0340, or email to operations@aces-cargo.com and cc: admin@aces-cargo.com.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	