



FAA CRS T4OR209N

Harriman and West Airport

North Adams, MA 01247

(413) 664-4585 / Fax (413) 663-3764

CREDIT APPLICATION

I. \_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Street Address or Post Office Box

\_\_\_\_\_  
City, State Zip Code Telephone #

Length of time this business had been established. Years \_\_\_\_\_

Business Structure: Corporation\_\_\_\_\_Partnership\_\_\_\_\_Individual\_\_\_\_\_

If Corporation, list Officers, Directors, State and Date of Incorporation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Maximum Credit Line Requested: \$\_\_\_\_\_

III. Trade Reference: (Firms presently extending credit to you).  
Please include fax #.

1)\_\_\_\_\_ 2)\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3)\_\_\_\_\_ 4)\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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ACCOUNT INFORMATION

Company Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

DOM/Chief Pilot: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Name for Billing: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Aircraft Information: Make/Model: \_\_\_\_\_

Register #: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Credit Card Information: Type: \_\_\_\_\_

Name on Card: \_\_\_\_\_

CC#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit Card Billing Zip Code: \_\_\_\_\_



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IV. Banks and Financial Institutions with whom business relations are maintained:

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IV. GENERAL INFORMATION:

Credit Applications must be signed by Prospective Customer:

Credit Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

SS#: \_\_\_\_\_

Company FID#: \_\_\_\_\_

Date: \_\_\_\_\_

FOR TURBOPROP EAST INC. USE ONLY

Submitted By: \_\_\_\_\_

Date: \_\_\_\_\_

Credit Department:

Rating: \_\_\_\_\_ Approval: \_\_\_\_\_

Credit \$: \_\_\_\_\_ Date: \_\_\_\_\_