



CREDIT APPLICATION

For the purpose of obtaining credit from Cal Air Cargo, the undersigned furnishes the following as being true and correct Statement of Personal and Financial Information.

I hereby authorize any of the references listed hereon to provide you with any and all information requested by you.

Date _____

Business Name _____

Physical Address _____ City/State/Zip _____

Mailing Address _____ City/State/Zip _____

Phone _____ Fax _____ Website/e-mail _____

Ownership: Sole Proprietor _____ Partnership _____ Corporation _____ LLC _____

Please list the names, home addresses and home phone numbers for all of the principals of this business.
(Corporations include titles of Corporate Officers) *Attach additional page if needed.*

1. _____
 _____ SSN: _____-_____-_____

2. _____
 _____ SSN: _____-_____-_____

3. _____
 _____ SSN: _____-_____-_____

Type of Business: Wholesale _____ Other _____ (explain) _____

Year Business Started: _____ Incorporated in: State _____ Date _____ No. Of Employees: _____

No. of years with present Owner: _____ After Hours, Contact: _____ Phone: _____

Name of Parent Company/Division/Subsidiary _____

Bank Reference

Bank Name _____ Contact Name _____

Address _____ City/State/Zip _____

Phone _____ Account # _____

Business Property: Owned _____ Leased _____ How Long? _____

Name of Landlord or Mortgage Holder _____

Address _____ City/State/Zip _____

Phone _____ Fax _____

Have you owned or operated a business under any other name(s) in the past 10 years?

Name/City/State _____ From _____ To _____

Name/City/State _____ From _____ To _____

Have you declared bankruptcy within the last 7 years? _____ Chapter: _____ Date: _____

6920 Santa Teresa Blvd., Suite 101, San Jose, CA 95119 ~ 408-972-1336 ~ 408-972-1265 Fax		
3000 NW 74th Ave, Miami, FL 33122 ~ 305-871-4552 ~ 305-871-4558 Fax ~ www.calaircargo.com		

Trade References: (please give name, address, phone number and account numbers)

1. _____

Phone _____
Fax _____
Account # _____

2. _____

Phone _____
Fax _____
Account # _____

3. _____

Phone _____
Fax _____
Account # _____

4. _____

Phone _____
Fax _____
Account # _____

5. _____

Phone _____
Fax _____
Account # _____

6. _____

Phone _____
Fax _____
Account # _____

CREDIT TERMS AND POLICY

Everything stated in this application is true and correct to the best of my knowledge. It is understood that Cal Air Cargo will retain this application, whether or not it is approved.

Further, in consideration of such extension of credit, it is understood all bills shall be due and payable ten (10) days from the date invoice is received; and that interest at the rate of 18% per year will be added to all past due accounts at the rate of 1½ % per month.

I personally and individually guarantee prompt payment for any and all deliveries under and pursuant to this account, whether ordered by myself or by any person representing him/herself to be my agent, employee or representative. Cal Air Cargo will assume that any person representing their service on my behalf shall have the necessary authority.

I agree to pay a reasonable attorney's or licensed collector's fee if any charges under this contract are referred to either of them for collection. I understand that I have the right to pay in advance.

If any provision contained herein shall be held or found to be unenforceable or void, then the rest of the terms and provisions shall be enforced as if said unenforceable or void term was contained herein.

This agreement shall be deemed to have been executed in San Jose, California and governed by and construed in accordance with the laws of the State of California.

Cal Air Cargo acts as billing agent only and no bailment is formed herein. Any claims for product damages or loss must be filed directly with the carrier. It is the customer's responsibility to file such claims.

1st Signature _____

2nd Signature _____

Print Name _____

Print Name _____

Date Signed _____

Date Signed _____