

NEW CUSTOMER SET UP FORM/CONFIDENTIAL CREDIT APPLICATION

(PLEASE FILL AS COMPLETELY AS POSSIBLE)

Business Contact Information

Company Legal Name		Business Inception Date	
Company DBA (if different)		Federal Tax ID Number/EU Vat Number	
Country of Business Formation		Website Address:	
Company Address:		Type of Business (Check One)	
Street Address		<input type="checkbox"/>	Corporation
City		<input type="checkbox"/>	Partnership
State		<input type="checkbox"/>	Limited Liability Partnership
Postal Code		<input type="checkbox"/>	Limited Liability Corporation
Country		<input type="checkbox"/>	Individual
Billing Address		Phone	
Street Address			
City		Email Address	
State			
Postal Code		Credit Limit Requested	
Country		(N/A if credit card payment)	

Other Information

End Use Number		Form W-9 Attached (Yes/No)	
Buyer Contact Name		Accounts Payable Phone Number	
Accounts Payable Contact		Buyer Contact Email	
Special Instructions for Invoices (if any)		Accounts Payable Email Address	
		Portal address (if any)	

Bank and Credit Information

Bank Name		Bank address	
Bank Officer Name			
Bank Officer Phone			
Bank Officer Email			
Account Number:			

Business/Trade References (Minimum of 2 required, N/A if credit card payment)

Reference Company Name		Reference Company Name	
Contact Person		Contact Person	
Contact Phone Number		Contact Phone Number	
Contact E-mail Address		Contact E-mail Address	
Reference Company Name		Reference Company Name	
Contact Person		Contact Person	
Contact Phone Number		Contact Phone Number	
Contact E-mail Address		Contact E-mail Address	
Reference Company Name		Reference Company Name	
Contact Person		Contact Person	
Contact Phone Number		Contact Phone Number	
Contact E-mail Address		Contact E-mail Address	

Agreement

All Invoices are to be paid within 30 days from the date of the invoice unless otherwise agreed to in writing.

By submitting this application, you authorize Killick Aerospace Limited to make enquiries into the banking and business/trade references that you have supplied and agree to Killick Aerospace Terms & Conditions of Sale

Please return this form by email to invoices@killickaerospace.com

Signatories

Signature _____	Signature _____
Name and Title _____	Name and Title _____
Date _____	Date: _____

Please return this form via email

INTERNAL USE ONLY	
SITE	
SALESPERSON	
CREDIT LIMIT REQUESTED	
PRIOR CUSTOMER	