



**PÔLE AIR
AVIATION INC.**

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CREDIT APPLICATION

LEGAL COMPANY NAME: _____
PLEASE CHECK ONE: PROPRIETORSHIP PARTNERSHIP CORPORATION

FULL ADDRESS: _____
CITY: _____ PROVINCE/STATE: _____
POSTAL/ZIP: _____ PHONE NUMBER: _____

DATE OF FOUNDING/INCORPORATION: _____
NAMES OF OWNERS/DIRECTORS: _____
NAMES OF OFFICERS: _____
PRODUCT LINE: (PRINCIPAL) _____
(SECONDARY) _____

SCOPE OF OPERATIONS: LOCAL NATIONAL INTERNATIONAL

FACILITIES (LOCATION & BRANCHES): _____
NUMBER OF EMPLOYEES: _____

TOTAL COMPANY ASSETS: \$ _____
TOTAL COMPANY LIABILITIES: \$ _____ EQUITY: \$ _____

BANK: _____ BRANCH: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT NAME: _____ ACCOUNT NUMBER: _____

D & B NUMBER: _____

TRADE REFERENCES

1. NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

2. NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

3. NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

DATE: _____ AUTHORIZED SIGNATURE: _____