



Flight Systems Industrial Products

1015 Harrisburg Pike, Carlisle, PA 17013

717-254-3747 • 1-800-333-1194

Please complete both pages and submit to sales@fsip.biz or fax 717-254-3778
 A Sales Tax Exemption Certificate for any state you are not taxable in is required.

CREDIT APPLICATION			Date:
BUSINESS NAME		Phone	
ADDRESS		Fax#	
ACCOUNTING DEPT. NAME	PARTS DEPT. NAME		
ACCOUNTING DEPT. EMAIL	PARTS DEPT. EMAIL		
ESTIMATED MONTHLY PURCHASES FROM US			
TYPE OF BUSINESS			
HOW LONG IN BUSINESS (YEARS & MONTHS)			
HOW DID YOU HEAR ABOUT US?			
BUSINESS CHECKING ACCOUNT BANK NAME	ADDRESS	ACCOUNT#	
CONTACT	TITLE	PHONE & FAX #	
 	 	Ph# Fax#	
BUSINESS LOANS & LENDING INSTITUTIONS	ADDRESS	AMOUNT OWED	
CONTACT	ACCOUNT NUMBER	PHONE & FAX #	
 	 	Ph# Fax#	
SUPPLIER REFERENCES	ADDRESS	PHONE #	FAX #
1.	 	 	
2.	 	 	
3.	 	 	
4.	 	 	
Has applicant or any of its owners, principals, partners, officers or directors ever filed a petition in bankruptcy or assignment for the benefit of creditors? Please enter YES or NO here: _____ If answer is yes, give name of petitioner, when and where filed and disposition: _____			
Has a tax lien or civil suit been filed against applicant or any of its owners, principals, partners, officers or directors within the past six years? Please enter YES or NO here: _____ If answer is yes, give name of plaintiff, date and place of suit, amount and disposition: _____			



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AUTHORIZATION/TERMS OF ACCEPTANCE

Applicant authorizes Flight Systems Industrial Products Co. to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on this application. Applicant further authorizes and instructs any person or credit-reporting agency to compile and furnish Flight Systems Industrial Products Co. any information it may possess or obtain in response to such credit inquiries.

Applicant represents and warrants that the information contained within this application given for the use of obtaining credit is true and correct. Applicant agrees to submit his, her or its most recent financial statement if required.

Applicant agrees to pay all invoices upon receipt of each statement unless otherwise expressly agreed in writing. Applicant understands that all balances are due thirty (30) days from the invoice date.

Applicant hereby agrees to pay all sums due to Flight Systems Industrial Products Co. including late charges, collection fees or attorney fees necessary to collect said balances.

The undersigned warrants that the above agreement has been carefully read and understood; in the case of a Corporation or Partnership, the undersigned represents that he or she has authority to enter into this credit agreement on behalf of said Corporation or Partnership.

Owner Signature: _____ Date: _____

Print name: _____

If Incorporated: _____

Authorized Signature of Officer Opening Account:

Print Name and Title of Officer: _____ Date: _____