

HERBER AIRCRAFT SERVICE, INC. 1401 East Franklin Avenue, El Segundo, CA 90245-4307 (310) 322-9575 • (800) 544-0050 • Fax: (310) 322-1875

APPLICATION FOR CREDIT

Company Name:	Date of Application:			
Billing Address:				
City, State, Zip:				
esale Number:		Contact Name: _		
Phone:	Fax:			
Please indicate your Sales Representat	ive at Herber Aircr	aft Service:		
The following infor	mation must be comple	ted in full. All inform	ation shall remain confide	ential.
Type of Business (please select one):	☐ Corporation	☐ Partnership	☐ Proprietorship	☐ Individual
President:	Address:			
Secretary:	Address:			
Treasurer:	Address:			
Bank:	Account Number:		Checking:	
Address:			Fax:	
Ple	ase give three (3) credit	references that are us	sed frequently.	
Name:	Phone:		Fax:	
Address:				
Name:	Phone:		Fax:	
Address:				
Name:	Phone:		Fax:	
Address:				
I (We) understand that we Delinqu	e may be subject to addi ent accounts are subject			nplied with.
Signature:	Title:			Date:
Signature:		Title:		Date: