



Central Mountain Air

Central Mountain Air Ltd.
PO Box 998 Smithers BC V0J 2N0
Accounting Department: Tel (250) 847-5613 Fax (250) 847 2517

CREDIT APPLICATION

Applying for Account Type: ___ Bulk Ticket Purchase
 ___ Diminishing Deposit Account
 ___ Fully Refundable Tickets - Y Fares only
 ___ Cargo

Account terms:

Invoices are payable immediately from date of receipt.

Forms can be provided to track bulk tickets.

Attach documentation which details any specific purchasing systems that must be followed (PO's, warrants etc).

Credit Limit Requested: _____ **Approved:** _____
(Applicable to Cargo and Y Fare tkt accounts only)

Company Information

Legal Company Name: _____

Type of Business: _____

Date of Incorporation: _____

Contact Name: _____ Phone: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

A/P Contact: _____

Phone: _____ Fax: _____

E-mail: _____

Trade References – To process your application, the company fax numbers MUST be complete

1 Company name: _____ Phone: _____

Contact name: _____ Fax: _____

2 Company name: _____ Phone: _____

Contact name: _____ Fax: _____

3 Company name: _____ Phone: _____

Contact name: _____ Fax: _____

Bank Information

Name of Bank: _____ Contact: _____

Address: _____ Phone: _____

City/Province: _____ Fax: _____

Postal Code: _____

Method of Payment **EFT** **Cheque**

Authorization

The above information is provided for the purpose of extending credit to our company on your terms of 'due upon receipt'. To the best of our knowledge and belief the information is accurate and may be relied upon in making your credit decision. We authorize our bank and suppliers to furnish you any information necessary to complete your evaluation of our credit history.

Authorized Signature: _____ Date: _____

Print Name: _____

Position with Company: _____