



## Central Mountain Air

Central Mountain Air Ltd.  
PO Box 998 Smithers BC V0J 2N0  
Accounting Department: Tel (250) 778-764-1760 Fax (250) 847 2517

### CREDIT APPLICATION

Applying for Account Type:   \_\_\_ Diminishing Deposit Account  
  \_\_\_ Corporate Flight Tickets  
  \_\_\_ Cargo

**Account terms:**

*Invoices are payable immediately from date of receipt.  
Attach documentation which details any specific purchasing systems that must be followed (PO's, warrants etc).*

**Credit Limit Requested:** \_\_\_\_\_ **Approved:** \_\_\_\_\_  
(Applicable to Cargo and Corporate Flight 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: \_\_\_\_\_