



CREDIT APPLICATION

MAILING ADDRESS

Company Name: _____
Address: _____
City: _____
State: _____ Country: _____ Zip Code: _____
VAT Number: _____
Phone Number: _____
E-mail Address: _____

SHIPPING ADDRESS

Company Name: _____
Address: _____
City: _____
State: _____ Country: _____ Zip Code: _____
MFR COC: Yes No FAA 8130-3: Yes No
Fax Number: _____
Web Address: _____

Authorized Buyers: 1. _____ 2. _____
3. _____ 4. _____

Type of Business:
 Airline Government Manufacturer Distributor Broker FAA Repair Station (Include copy of FAA Certificate)

If you would like to establish credit with KAPCO please provide the following:
Trade References: you must list 6 or attach current D&B report
Tax Resale Certificate: fax a copy with your application

Accounts Payable Contact: _____ Accts Payable Phone: _____
Accounts Payable e-mail: _____ Accts Payable Fax: _____

Shipping Information

UPS Acct#: _____ FedEx Acct #: _____
 Ground 2nd Day Blue Red Overnight Standard Priority AM Priority PM
BAX Acct# _____ Emery Acct# _____
Other Acct# _____

Do you accept partial shipments YES NO Special instructions? _____
Do you accept early shipments YES NO _____
US forwarder required YES NO _____

NOTE: Unless otherwise specified, oversize shipments will ship in accordance with KAPCO's traffic department.
Packaging requirements: Individual Bulk Other Explain: _____
Shelf life requirements: _____

Upon approval of your application you can request access to KAPCO's E-Sales Center where you will have the ability to check pricing, product, availability, place, track and review your orders and more: www.kapcoaero.com.

NOTICE: DO NOT SIGN THIS APPLICATION UNTIL YOU HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS AT WWW.KAPCOAERO.COM

Signature Date

Note: Terms Will Be COD Until Credit is Approved **Please Allow 2 Weeks For Credit Approval**
FORM CR 101 REV 3/10