



BUSINESS CREDIT APPLICATION FORM

AVIOQ, INC.
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Research Triangle Park, NC 27709
 Tel: 1-919-314-5535
 Fax: 1-919-314-5536
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Please complete, sign, and e-mail or fax this form, along with your Purchase Orders (if applicable), to admin@avioq.com or 1-919-314-5536.

OFFICE ADDRESS:		BILLING ADDRESS:	
Company Name:		Company Name:	
Attention:		Attention:	
Street:		Street:	
City, State, ZIP Code:		City, State, ZIP Code:	
Telephone:		Telephone:	
Fax:		Fax:	
E-mail:		E-Mail:	
GENERAL INFORMATION			
Type of Business: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other			
Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, please attach a copy of the Exempt Certificate)</i>			
Federal Tax ID Number:		Corporate State:	
Dun & Bradstreet No:		At present location since:	
Are premises leased or owned?		Amount of credit desired:	
Principal/Owner:	Title:	E-Mail:	Phone:
Parent Company Name:			
Parent Company Address:			
City:		State:	ZIP Code:
ORDERING INFORMATION			
Are written purchase orders required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CREDIT INFORMATION			
Bank Name:			
Bank Address:			Phone:
City:		State:	ZIP Code:
Type of account:	Account Number:		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-Mail:

Type of account:

AGREEMENT

1. All invoices are to be paid in 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 7 business days.
3. By submitting this application, you (purchaser) authorize Avioq, Inc. to investigate the creditworthiness of the companies and/or their owners that you have supplied.

Purchaser:

Signature:

Title:

Date: