



3900 Old International Airport Rd  
 Anchorage, Alaska 99502-1097  
 TEL. (907) 243-3331  
 FAX (907) 249-5192

# ACCOUNT APPLICATION

Date \_\_\_\_\_ 20\_\_\_\_

\*\*\*Answer all questions. Applications not filled out in full will cause processing to be delayed or the application to be rejected\*\*\*

## COMPANY INFORMATION

Firm Name				Telephone:			
Street / Billing Address				Fax:			
City		State		Zip Code		Email:	
Full name of owner or owners (or authorized officer of Corporation); list home address & zip code, and SS# only for partnerships or sole proprietors							
_____							
_____							
Please Check One:	Corporation	Partnership	Sole Proprietor	LLC	Fed Tax ID # :		Credit Amount Requested:
Accounts Payable Contact:				Phone		Fax	Email:
DBA (if any)				DUNS No.		Years in Business	
PO# Required (Y <input type="checkbox"/> N <input type="checkbox"/> )	24 HOUR CONTACT:			Telephone #:		Est. Annual Sales \$	
<b>Note: All information updates, including credit limit increase requests must be submitted using NAC's specific forms and signed by an officer or executive of the applying company</b>							

## REFERENCES

Please list at least **THREE** TRADE REFERENCES with whom you currently have an account.

FIRM NAME	ADDRESS	ACCOUNT NUMBER	TELEPHONE	FAX
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Bank Name		Account Number		Contact Name	
Branch Address		City	State	Zip Code	Phone



## ACCOUNT APPLICATION

The undersigned is either a sole proprietor, a partner in a partnership, a company officer or executive, one of the principal stockholders of a corporation or an individual who may be executing a personal guarantee in connection with the extension of credit to Applicant company. **APPLICANT'S SIGNATURE ATTESTS RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY ALL INVOICES IN ACCORDANCE WITH THE TERMS GRANTED BY NORTHERN AIR CARGO, INC.** Invoices are due and payable 30 days from the date of the air waybill. Charges for shipments of fish are due at the time of shipment unless other terms are approved in writing. Outstanding balances may also be limited to a dollar amount agreed to in writing. A service charge of one and one-half percent (1 ½%) per month or \$1.00, whichever is greater, may be assessed and payable on all balances past due. It is further agreed that all costs necessary to collect amounts past due will be paid to Northern Air Cargo, Inc., including any and all reasonable attorney fees. Legal rights and obligations hereunder shall be determined in accordance with the laws of the State of Alaska.

**THE ABOVE INFORMATION AS WELL AS ANY INFORMATION PROVIDED WITH THIS APPLICATION IS FOR THE PURPOSE OF OBTAINING DEFERRED PAYMENT ACCOUNT STATUS AND IS WARRANTED TO BE TRUE. I / WE HEREBY AUTHORIZE NORTHERN AIR CARGO, INC. TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY / OUR CREDIT WORTHINESS AND / OR FINANCIAL RESPONSIBILITY.**

SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

TITLE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS; AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR, BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS: FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C. 20580**

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Colin T. Dolan, Credit Specialist, 3900 Old International Airport Road, Anchorage, Alaska 99502; (907) 249-5162, cdolan@nac.aero within 60 days from the date you are notified of our decision. We will send you a written statement of the reason(s) for the denial within 30 days of receiving your request for the statement.

**Mail original signed document to:  
Credit Department  
c/o Northern Air Cargo  
3900 Old International Airport Road  
Anchorage, AK 99502**

ACCOUNTING USE ONLY. DO NOT MARK BELOW THIS POINT

<input type="checkbox"/> Credit report dbt_____	<input type="checkbox"/> Trade References	<input type="checkbox"/> Bank References	<input type="checkbox"/> State of Alaska
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	TERMS: <input type="checkbox"/> NET 30 <input type="checkbox"/> NET 7 <input type="checkbox"/> C.O.D.	Limit: _____	Acct. #