



Welcome to Ascent!

It is our desire to make your transition to us as efficient as possible. We like to start right here with the credit department by noting a few items that tend to slow the initial account set up process. Please double check the following prior to submitting your credit application. We can save time on both ends by getting the correct information the first time.

- Complete all items on the credit application.
- Verify that the company name as listed agrees to your state's required filings (fuel tax license, incorporation reports etc).
- Supply references that are of an adequate dollar amount to support the credit limit requested.
- Do not list your current fluid supplier unless you would like us to contact them for a reference.
- Do not include trade reference information for suppliers you currently pay on a COD basis.
- Make sure the credit application is signed by an authorized signer.

Thank you in advance for your business! As always, if you have any questions, please contact your sales representative or our office at any time.

Christine S. Coombs
CFO



Corporate Office:
One Mill Street
Parish, NY 13131
Phone: (800) 272-3681
Phone: (315) 625-7299
Fax: (315) 625-4226

ASCENT AVIATION GROUP, INC. CREDIT APPLICATION

CUSTOMER INFORMATION	
COMPANY NAME (FULL LEGAL NAME) _____	
TRADE NAME _____	
BILLING ADDRESS _____	STREET ADDRESS: _____
CITY: _____ STATE _____ ZIP _____	CITY: _____ STATE _____ ZIP _____
FINANCIAL CONTACT NAME: _____	PHONE NUMBER: () _____ - _____
POSITION: _____	FAX NUMBER: () _____ - _____
ACCOUNTS PAYABLE CONTACT: _____	PHONE NUMBER: () _____ - _____
TAX INFORMATION CONTACT: _____	FEDERAL TAX ID NUMBER: _____
REQUESTED CREDIT LINE: _____	DUNS # _____
TYPE OF BUSINESS: <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUB CHAPTER S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LLC <input type="checkbox"/> LLP	
HOW LONG IN BUSINESS? _____ NATURE OF BUSINESS: _____	

OWNERSHIP INFORMATION	
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ STATE _____ ZIP _____	CITY: _____ STATE _____ ZIP _____
TITLE: _____ SS # _____ - _____ - _____	TITLE: _____ SS # _____ - _____ - _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ STATE _____ ZIP _____	CITY: _____ STATE _____ ZIP _____
TITLE: _____ SS # _____ - _____ - _____	TITLE: _____ SS # _____ - _____ - _____

ANTICIPATED PURCHASES	
PRODUCT: <input type="checkbox"/> AVGAS <input type="checkbox"/> JET FUEL	ARE PURCHASE ORDERS USED? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE	MONTHLY PURCHASES (ESTIMATE OF VOLUME IN LOADS OR GALLONS):
OTHER (SPECIFY): _____	_____
LOCATIONS: _____	_____

FINANCIAL INFORMATION

FISCAL YEAR-END (MONTH/DAY): _____ / _____

Please attach your most recent fiscal year-end financial statements, including a Balance Sheet, Income Statement, and all accompanying notes. If interim statements are available since the last fiscal year, please include these.

SECURITY INFORMATION

ARE PRINCIPALS WILLING TO SIGN A PERSONAL GUARANTY FOR CLOSELY HELD CORPORATIONS? YES NO

ARE YOU WILLING TO PROVIDE A BANK LETTER OF CREDIT, IF WARRANTED BY FINANCIAL CONDITION? YES NO

REFERENCES

BANK REFERENCE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

ACCOUNT NUMBER(S): _____

CONTACT: _____

PHONE NUMBER: () _____ - _____

BANK REFERENCE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

ACCOUNT NUMBER(S): _____

CONTACT: _____

PHONE NUMBER: () _____ - _____

TRADE REFERENCE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

ACCOUNT NUMBER(S): _____

CONTACT: _____

PHONE NUMBER: () _____ - _____

FAX NUMBER : () _____ - _____

TRADE REFERENCE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

ACCOUNT NUMBER(S): _____

CONTACT: _____

PHONE NUMBER: () _____ - _____

FAX NUMBER : () _____ - _____

TRADE REFERENCE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

ACCOUNT NUMBER(S): _____

CONTACT: _____

PHONE NUMBER: () _____ - _____

FAX NUMBER : () _____ - _____

TRADE REFERENCE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

ACCOUNT NUMBER(S): _____

CONTACT: _____

PHONE NUMBER: () _____ - _____

FAX 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.

AUTHORIZATION

The information provided to Ascent Aviation Group, Inc. (Ascent Aviation) on this application by the applicant(s) and any other information provided to Ascent Aviation including any financial statements is warranted to be accurate, complete and true, and shall be the property of Ascent Aviation. Ascent Aviation is authorized to investigate the applicant(s) credit history and to answer any questions about its credit experience with the applicant. All information will be held in strict confidence and be used solely for the extension of trade credit.

SIGNATURE OF PERSON COMPLETING APPLICATION

POSITION / TITLE

DATE