



Please Print & Complete

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## CREDIT APPLICATION

### COMPLETE THIS SECTION IF APPLICANT IS A CORPORATION

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

NATURE OF BUSINESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

YEARS AT THIS LOCATION: \_\_\_\_\_ NO. OF YEARS AT THIS ADDRESS: \_\_\_\_\_

INCORPORATED IN THE STATE OF: \_\_\_\_\_ SUBSIDIARY OF: \_\_\_\_\_

OFFICERS

PRESIDENT: \_\_\_\_\_ VICE PRESIDENT: \_\_\_\_\_

SECRETARY: \_\_\_\_\_ TREASURER: \_\_\_\_\_

ACCTS PAYABLE CONTACT: \_\_\_\_\_ FEDERAL ID#: \_\_\_\_\_

### COMPLETE THIS SECTION IF APPLICANT IS A PROPRIETORSHIP, PARTNERSHIP, OR ASSOCIATION.

FIRM NAME: \_\_\_\_\_ FEDERAL ID # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
STREET CITY STATE ZIP CODE

NATURE OF BUSINESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

OWNER OR GENERAL PARTNER: \_\_\_\_\_ % OWNERSHIP: \_\_\_\_\_

GUARANTOR IF ASSOCIATION: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

### COMPLETE THIS SECTION BY ALL APPLICANTS

BANKS 1: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

2: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

TRADE REFERENCES: 1: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

2: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

3: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

4: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

THE UNDERSIGNED REPRESENTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AS OF THIS DATE HEREOF, IN CONSIDERATION OF THE EXTENSION OF CREDIT AS REQUIRED HEREIN. I/WE AGREE TO SUBMIT PAYMENT FOR ALL STATEMENTS OR INVOICES ACCORDING TO THE TERMS SET FORTH IN THE OFFICIAL AIR FREIGHT RULES TARIFF.

NAME OF FIRM: \_\_\_\_\_ SIGNED BY: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_