

APPLICATION FOR CREDIT



US AIRWAYS
CARGO SALES – RWB–CGO
4000 E. SKY HARBOR BLVD.
PHOENIX, AZ 85034

FAX NUMBERS:

PACIFIC STANDARD TIME ZONE 480–693–8180
MOUNTAIN STANDARD TIME ZONE

CENTRAL STANDARD TIME ZONE
EASTERN STANDARD TIME ZONE 1–866–897–4189
ALL OTHER TIME ZONES

PLEASE ATTACH FINANCIAL STATEMENT

US-0005
R2 10/08

FOR US AIRWAYS USE ONLY
FILE NAME:

ACCOUNT NUMBER:

PLEASE PRINT OR TYPE
CARGO

NOTE: Please fill out application as complete as possible. Incomplete applications will delay the process and application may possibly be declined.

Company Name: _____

Legal Name/DBA: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Person to contact regarding billings: _____ Phone: _____

Fax: _____ E-mail: _____

Type of Business: _____ In Business Since: _____

Federal Tax ID#: _____ Number of Employees: _____

Checking Account #: _____ Savings Account #: _____

 Loan Balance ☐ Personal ☐ Business Secured By: _____

Account Officer Name: _____

☐ Corporation–Publicly Held

☐ Partnership–Limited

☐ Corporation–Closely Held

☐ Sole Proprietorship

☐ Partnership–General

- If a Division or Subsidiary – Name of Parent Company: _____

City/State: _____

- If Incorporated – Date: _____ State of Incorporation: _____

Name: _____ Branch Location: _____

Address: _____ Fax #: _____

Telephone: _____

OFFICERS/PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

1. Name: _____ Position: _____ % Ownership: _____

Home Address: _____ City: _____ State: _____ Zip: _____

2. Name: _____ Position: _____ % Ownership: _____

Home Address: _____ City: _____ State: _____ Zip: _____

3. Name: _____ Position: _____ % Ownership: _____

Home Address: _____ City: _____ State: _____ Zip: _____

CUSTOMER:

 BUSINESS
STRUCTURE:

 BANK
REFERENCE:

COMPANY PRINCIPALS:

REFERENCES:

1. Firm Name:_____ Contact Name:_____ Telephone:_____

Account #:_____ Fax #: _____
2. Firm Name:_____ Contact Name:_____ Telephone:_____

Account #:_____ Fax #: _____
3. Firm Name:_____ Contact Name:_____ Telephone:_____

Account #:_____ Fax #: _____
4. Firm Name:_____ Contact Name:_____ Telephone:_____

Account #:_____ Fax #: _____
5. Firm Name:_____ Contact Name:_____ Telephone:_____

Account #:_____ Fax #: _____

- Do you have credit with another airline? ☐ Yes ☐ No

Please list the names and account numbers.

- Amount of credit requested: \$_____ per month_____

CONSENT TO OBTAIN CONSUMER CREDIT REPORT AND PERSONAL GUARANTEE

By signing this Application, the I/we authorize US Airways, Inc. or its agents ("US Airways") to investigate my/our personal credit and financial records including my/our banking records. As part of such investigation, I/we authorize US Airways to request and obtain consumer credit reports on me/us in connection with the opening, monitoring, renewal, and extension of this and other accounts with US Airways. The undersigned furnishes the above business and personal credit information for the purpose of procuring and establishing credit with US Airways by (Company Name) (the "Company") for the purchase of services. I/We the undersigned, jointly and individually, certify that the information in this credit application is true and complete. I/We acknowledge and agree that US Airways will rely on the accuracy of this information for the extension of any credit. US Airways is expressly authorized to contact any parties listed herein and to verify any information contained in this credit application.

If any representation made on this application proves to be untrue, I/we agree that all obligations of the Company to US Airways shall immediately become due and payable. I/We also agree to pay US Airways for all services within thirty (30) days from date of invoice. I/We agree to pay reasonable attorneys' fees and/or all costs and expenses of collection, whether or not suit is filed against me/us or the Company.

I/We certify that this request is for the extension of credit for business purposes only and not for the extension of credit for personal, family, or household purposes.

COMPANY NAME: _____
(full name including dba)

NAME: _____
(please print)

SIGNATURE: _____

DATE: _____

Note: If the Company has multiple owners, each owner must sign a separate Consent.

CONSENT/PERSONAL GUARANTEE: