



## HB Aerospace New Customer Credit Application

Business Legal Name: \_\_\_\_\_

**Billing Address:**

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Shipping Address:**

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_  
State Tax ID Number: \_\_\_\_\_  
Government Cage Code: \_\_\_\_\_  
D&B Number: \_\_\_\_\_  
Date Business Established: \_\_\_\_\_

Buyer Contact: \_\_\_\_\_  
Buyer Phone: \_\_\_\_\_  
Accounting Contact: \_\_\_\_\_  
Accounting Phone: \_\_\_\_\_  
Accounting email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Entity: ☐ Proprietorship ☐ Partnership ☐ LLC ☐ Corporation

State of Incorporation: \_\_\_\_\_ Year Incorporation: \_\_\_\_\_

Check Appropriate: ☐ Large Business ☐ Small Business ☐ Small/Disadvantaged  
☐ Women Owned ☐ Handicapped ☐ Labor Surplus

Disadvantaged Group (Check if Applicable) ☐ American Indian ☐ American Eskimo ☐ Native Hawaiian  
☐ Black American ☐ American Oriental ☐ Asian Pacific American  
☐ Spanish American ☐ American Aleut ☐ Other – approved by SBA

**Business Officers/Members/Owners:**

Name:	Title:	% Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Bank Name & Address:**

Bank Name: \_\_\_\_\_ Bank Officer: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Bank Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_



## HB Aerospace New Customer Credit Application

Three trade reference required:

Company Name: _____	Company Name: _____
Street address: _____	Street address: _____
City: _____ State: _____	City: _____ State: _____
Country: _____ Zip: _____	Country: _____ Zip: _____
Financial Officer: _____	Financial Officer: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Company Name: _____	Company Name: _____
Street address: _____	Street address: _____
City: _____ State: _____	City: _____ State: _____
Country: _____ Zip: _____	Country: _____ Zip: _____
Financial Officer: _____	Financial Officer: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

Estimated monthly Purchases: \$ \_\_\_\_\_ Credit line requested: \$ \_\_\_\_\_  
Payment Method: \_\_\_\_\_

**Payment Terms of Net 30 Days are strictly enforced.**  
**All payment is required in United States Dollars**

**The above information is provided for the purpose of extending credit to your company. To the best of your knowledge and belief, the information provided is current and accurate and may be relied upon in making a credit decision. You authorize banks and suppliers to furnish HB Aerospace Holdings, LLC with any information to complete an evaluation of credit worthiness and history.**

**Authorized Company Officer/Agent:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

### HB Aerospace Internal Use

Credit Line Approved: \$ _____	Comments: _____
Payment Terms: _____	_____
Prepared by: _____	Verified by: _____
Approved by: _____	Date: _____