



Credit Information Request

To: _____

Company: _____

Fax Number: _____

The company named below has expressed a desire to open an account with us and has given your firm's name as a credit reference. We would appreciate your assistance and co-operation in providing us with the following information. Your response will be held in the strictest confidence, and we would gladly reciprocate upon your request.

Company Name: _____

Company Address: _____

Date account opened: _____ Pays in: **30 Days**__ **60 Days**__ **90 Days**__

Date of last purchase: _____ Pays on time? _____

Credit Limit: _____ Present balance: _____

Age of Past due: _____ NSF cheques: Yes No

Payment record: _____

What products/services do you supply this company? _____

Comments: _____

Please Fax back to: Viking Air Limited

Fax # 250-656-0673

Thank you,

Laura Moore
Accounts Receivable

VIKING AIR LIMITED

9574 HAMPDEN ROAD
SIDNEY, BRITISH COLUMBIA
CANADA V8L 5V5

PHONE: [250] 656-7227
FAX: [250] 656-0673
TOLL FREE: 1-800 663-8444

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