

CREDIT TERMS APPLICATION

FORM:	FORM-008-37
REVISION:	Α
DATE:	09/09/2020

Company Information	. Viking Air Customer ID:
Company Name:	
Contact Name:	Contact Email:
Amount of Credit Requested: \$	
Credit References	
Company Name:	Telephone:
Address:	Fax:
Contact Name:	Email Address:
Company Name:	Telephone:
Address:	Fax:
Contact Name:	Email Address:
Company Name:	Telephone:
Address:	Fax:
Contact Name:	Email Address:
Crodit Tori	ms Agreement
	ning credit and we warrant the Information to be true. We further
Applicant Name:	Title:
Signature:	
- 9	
Customer Service Manager	
Signature:	Date:
Comments:	
Finance Approval	
Signature:	Date:
Credit Limit Granted:	
Accounts Receivable	
Signature:	Date:
VERSATILITY THAT WORKS	