



CREDIT APPLICATION

Please indicate: This application is for Freight____, Passenger Ticket____,
For a speedy reply, please complete ALL applicable fields and contact details, thank you!

FULL BUSINESS OR COMPANY NAME (Applicant)

ADDRESS (Street & Number) GST No.

CITY PROVINCE / STATE POSTAL CODE TELEPHONE FAX

MAILING ADDRESS IF DIFFERENT THAN ABOVE

CITY PROVINCE / STATE POSTAL CODE TELEPHONE FAX

LIMITED COMPANY YEARS IN BUSINESS TYPE OF BUSINESS

NAME OF PRINCIPAL OWNER(S) / POSITION IN THE APPLICANT FIRM COMPANY PREMISES : Own Rent

2. If rent-LANDLORD NAME/TELEPHONE

3.

NAME OF BANK BANK ADDRESS/TELEPHONE

MAIN TRADE REFERENCE(S) CITY TELEPHONE FAX #

2.

3.

ARE PURCHASE ORDERS REQUIRED ? NAMES OF AUTHORIZED PERSONNEL: (attach list if required)

CREDIT TERMS
Credit terms are net 30 days from invoice date. Credit is granted for freight, passenger ticket and Quick Ticket Book purchases up to the account limit as set by the Hawkair Finance Dept. Accounts not kept current will be charged interest on the full non-current balance at 1.5% per month to the date of payment. Accounts with over 60 day balances will lose their credit privileges and will automatically be on a C.O.D. basis.

AUTHORIZATION
In order to supplement the information stated in this application, I authorize Hawkair Aviation Services Ltd. to contact any or all of the stated owners, Banks, References, Landlords for the purpose of confirmation as may be necessary in processing of this account application. I also authorize any reporting agency to supply such information on the applicant and/or the stated principal owners, as may be required. I acknowledge Hawkair Aviation Services Ltd. is under no obligation to approve this application, however, if approved I accept the account terms stated. I am the applicant or an authorized representative of the corporation making this application.
Signature Signatory Name (please print) Date

Telephone: (250) 635-4295 x265
Toll free: 1-800-487-1216
Fax: (250) 635-1353

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