



6441 South Airpark Place
 Anchorage, AK 99517
 (907) 243 6150 Phone
 (907) 245 0213 Fax

Credit Application

Please type or print clearly

Company Name	Parent Company Name
Billing Address	Owners Name(s)
Physical Address	SSN/TIN
City State Zip	Accounts Payable Contact ()
Requested Credit Amount \$	Type of Business (Circle)
Dunn & Bradstreet Number and Rating	Corporation Partnership Proprietorship
Do you use a payment service? Yes No	Other _____
If yes, who?	

Important: These areas must be completed

BANK	BRANCH	TYPE OF ACCOUNT & NO.	PHONE	FAX
			()	()
			()	()
			()	()

Trade References

NAME	ADDRESS	CITY, STATE, ZIP	PHONE	FAX
			()	()
			()	()
			()	()
			()	()

By signing this application, I/we have read and agree to the terms on this application and certify that I/we are fully authorized to bind the company listed herein.

Signature _____	Title _____	Date _____
Signature _____	Title _____	Date _____

CREDIT AND BILLING TERMS

The conditions of Contract that govern all shipments can be found on the reverse side of the Lynden Air Cargo House Air Waybill and are also contained in our tariffs which are on file at any Lynden Air Cargo office and can be read at www.lac.lynden.com

In consideration of Lynden Air Cargo accepting credit of my company, I/we understand that terms of payment are Net 30 Days from the date of invoice. In addition, I/we agree to pay a service fee of 1.5% per month, not less than \$2.00 on any balance over 30 days past due. I/we agree to pay all reasonable legal and/or collection fees incurred by Lynden Air Cargo to secure payments for any past due amounts. A service charge of \$25.00 will be assessed for any check returned by your bank.

FOR CHARTERS, SPECIFIC TERMS WILL BE NOTED ON THE CHARTER CONTRACT.

I/we hereby declare that the enclosed information is true and accurate to the best of my/our knowledge and belief. I/We hereby authorize any institution herein listed as credit reference, bank, or trade reference to release credit information concerning myself and/or the company I/we represent to Lynden Air Cargo. This authorization is given to enable Lynden Air Cargo to promptly and fairly evaluate my/our request for credit. In order to facilitate possible future requests for credit from Lynden Air Cargo, or from other creditors, I/we further authorize Lynden Air Cargo to disclose factual information regarding the record of payments on our accounts.

Please fax this application to (907) 245 0213