



Cayman Airways

PO Box 10092APO
Grand Cayman, Cayman Isl:
Phone (345) 949-8200
Fax (345) 949-7607

CREDIT APPLICATION

BUSINESS INFORMATION (Complete this section if a Company)

Account Name: _____

Mailing Address: _____

Physical Address: _____ How Long? _____

Phone Number: _____ Fax: _____ Email: _____

Type of Business: _____

No. of Employees: _____ Annual Revenue: _____ Credit Limit Requested: _____

Authorized Signatories: _____

Purchase Order Required? Yes _____ No _____

If Incorporated or Partnership:

President: _____ Address: _____ Phone: _____

Vice President: _____ Address: _____ Phone: _____

Secretary: _____ Address: _____ Phone: _____

Treasurer: _____ Address: _____ Phone: _____

If Sole Proprietor - complete individual portion below

PERSONAL INFORMATION (Complete this section if an individual)

Name: _____

Mailing Address: _____

Physical Address: _____ How Long? _____

Phone Number: _____ Fax: _____ Email: _____

Annual Income: _____

PERSONAL REFERENCES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

TRADE REFERENCES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

BANK REFERENCES

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

PLEASE PROVIDE A BANK REFERENCE LETTER ALONG WITH APPLICATION FORM.

CREDIT APPLICATION

The above information is for the purpose of obtaining credit, and is warranted to be true and correct. I/We hereby authorize Cayman Airways Ltd. (or any of its authorized agents) to investigate the references listed pertaining to my/our credit and financial responsibility. Signature(s) below evidence(s) my/our consent to request and obtain confidential information from any firm listed above.

TERMS AND CONDITIONS

All goods and services provided by Cayman Airways Ltd (or any of its authorized agents) shall be paid for in full within 30 days of invoice date. Previous month invoices are subject to standard conditions of sale, including interest at a rate of 1 1/2% per month. In addition, the undersigned shall reimburse creditor for all costs, attorney fees and other expenses that creditor may incur in the collection of any debt pursuant hereto.

By, or on Behalf of, Applicant:

Print Name Position Signature

PERSONAL GUARANTEE: We hereby agree to assume personal responsibility (jointly and severally) for full and prompt payment for all goods ordered by above applicant.

Guarantor for Applicant:

Print Name Position Signature