



Mitchell Aircraft
1160 Alexander Court
Cary, Illinois 60013

PH: 847-516-3773
FX: 847-516-3999

www.mitchellair.com

NEW COMPANY APPLICATION

So that Mitchell Aircraft can add your company correctly to our system please complete all of the sections below. If you have any questions please contact your Mitchell Aircraft representative. Once complete return via e-mail or fax to your representative. **Vendors:** Please note the requirements under the Quality Control section. **Repair Stations:** Please include a copy of your Operation Specifications and Drug Approval Letter.

A copy of this, and all forms, can also be found online at www.mitchellair.com/quality

COMPANY INFORMATION

Company Name : _____ Mitchell Salesperson: _____
 DBA (if different) : _____
 Address (line 1) : _____
 Address (line 2) : _____
 City: _____ State: _____
 Postal Code: _____ Country: _____
 Phone: _____ Fax: _____
 SITA: _____
 Primary Contact : _____
 Federal tax ID (EIN): _____
 State Sales Tax Resale # (if applicable) : _____

TYPE OF BUSINESS

Airline Broker Government
 Distributor Manufacturer FAA Repair Station

Years in Business : _____
 Number of Employees: _____

ACCOUNTING (REQUIRED FOR ALL CUSTOMERS)

Accounts Payable contact : _____
 AP Phone : _____ AP Fax : _____
 AP Email : _____ Invoice E-mail: _____

QUALITY CONTROL (REQUIRED FOR ALL VENDORS)

Complete all information below and attach/fax/email a copy of all agency/quality certifications. If you do not have agency/quality certifications please complete the Mitchell Aircraft Quality Audit Checklist.

QA Manager Name: _____
 QA Manager Email: _____ QA Manager Phone: _____

Agency Certifications

(Approval Numbers)		(Expiration/Renewal Dates)
<input type="checkbox"/> FAA	<input type="checkbox"/> ASA	_____
<input type="checkbox"/> TCCA	<input type="checkbox"/> ISO	_____
<input type="checkbox"/> EASA	<input type="checkbox"/> OTHER	_____
<input type="checkbox"/> CAA	<input type="checkbox"/> OTHER	_____
<input type="checkbox"/> CAAC		_____

INTERNAL
 USE
 QA : _____
 MGR : _____



Mitchell Aircraft
1160 Alexander Court
Cary, Illinois 60013

PH: 847-516-3773
FX: 847-516-3999

www.mitchellair.com

APPLICATION FOR CREDIT

Corporation Partnership Sole Proprietorship Non-Profit

Amount of credit requested : \$ _____

Names and titles of chief corporate officers : _____

BANK REFERENCES

Bank Name : _____ Years with bank : years months
Account # : _____ Contact Person : _____
Address : _____

TRADE REFERENCES (Please list 5)

Company Name : _____
Contact Name : _____
Address : _____
Phone: _____ Fax : _____
E-Mail : _____

Company Name : _____
Contact Name : _____
Address : _____
Phone: _____ Fax : _____
E-Mail : _____

Company Name : _____
Contact Name : _____
Address : _____
Phone: _____ Fax : _____
E-Mail : _____

Company Name : _____
Contact Name : _____
Address : _____
Phone: _____ Fax : _____
E-Mail : _____

Company Name : _____
Contact Name : _____
Address : _____
Phone: _____ Fax : _____
E-Mail : _____



Mitchell Aircraft
1160 Alexander Court
Cary, Illinois 60013

PH: 847-516-3773
FX: 847-516-3999

www.mitchellair.com

Terms of Sale

Payment Terms: All invoices are due and payable within 30 days of the invoice date unless stated differently on the invoice. Merchandise listed on the invoice remains the property of the seller until payments have been satisfied.

Late Payment: A service charge of 1.5% per month (which is an APR of 18%) will be charged to all past due accounts.

Collection and Legal Costs: By signing this credit application the customer agrees that should collection or legal action become necessary to obtain payment for the credit purchases, all cost of collection, including, but not limited to, collection agency fees, reasonable attorney or other legal fees, court costs lien filing fees and any other collection costs will be paid by the customer.

I represent that the above information is true. If applying for credit my company and I authorize Mitchell Aircraft to make such credit investigation as Mitchell Aircraft sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to Mitchell Aircraft any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated within this document and agree to all of these terms and conditions

Authorized Signature :

Date :

Printed Name

Title :