



CREDIT APPLICATION FORM

Associated Air Services Limited

Units 4 - 6 Feltham Business Complex,
 Browells Lane, Feltham, Middlesex TW13 7EQ
 Tel: 020 8844 4504 Fax: 020 8844 0878
 www.associatedair.co.uk

Please attach a current letterhead to this application

Company Name _____

Address _____

Tel _____ Fax _____ No. of years Trading _____

Contact (1) _____ Email _____ Tel _____

Contact (2) _____ Email _____ Tel _____

VAT No. _____ Company Reg. No. _____

Invoice Address (if different) _____

Tel _____ Fax _____

Contact _____ Email _____ Tel _____

Delete as appropriate
 Electronic Invoicing Yes/No Weekly/Monthly Invoice Email _____

ONLINE BOOKING AUTHORISED USERS		Tracking Updates		Proof of Deliveries		
		All Shipments	This User Only	All Shipments	This User Only	P.O. if Required
Email (1) _____	Tel _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email (2) _____	Tel _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email (3) _____	Tel _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daily Collection Required	Yes/No	Time Requested	<input type="text" value=":"/>	<input type="text" value=":"/>		
Closeout Time Agreed	<input type="text" value=":"/>	<input type="text" value=":"/>	<input type="text" value=":"/>	<input type="text" value=":"/>		

Trade Reference:

APPLICATION FOR CREDIT ONLY

Signed _____	Print Name _____	Position _____	Date _____
AAS Account Manager	Date Opened	Account No.	Credit Limit

Notes
