



CUSTOMER INFORMATION APPLICATION

JET-CARE INTERNATIONAL INC.
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COMPANY INFORMATION

*** Required information**

Company Name * Incorporated in the State of
 Address *
 City * State:
 Zip Code * Country:
 Customer Type * New Existing DUNS #

Account Type - Credit Credit amount requested Proforma ^{1.} Credit Card ^{1.} Credit card required for initial order. Please complete section below.
 please choose one only

BILLING CONTACT DETAILS

TECHNICAL CONTACT DETAILS (for analysis reports)

Name *
 Tel *
 Fax
 Mobile
 Email *
 www
 Other Details

Name *
 Tel *
 Fax
 Mobile
 Email *
 Address
 if different from above

IMPORTANT: Please supply the names and contact details of two suppliers with whom you do business - preferably in the U. S. Jet-Care reserves the right to contact these suppliers for a credit reference if you are applying for a Credit Account and may withhold credit facilities if a satisfactory response is not received.

CREDIT REFERENCE 1

CREDIT REFERENCE 2

Company Name
 Address
 Contact
 Tel
 Email

Company Name
 Address
 Contact
 Tel
 Email

CREDIT CARD DETAILS - Visa, MasterCard and Amex accepted

Credit Card No. Security Code (CVV code on front/reverse)
 Card Holder's Name Expiry Date
 Card Billing Address
 (if different from above)

If Jet-Care does not receive payment for services in accordance with the Standard Terms and Conditions the customer authorizes Jet-Care to charge any delinquent balances to the above credit card.

Services are supplied in accordance with our Standard Terms and Conditions unless by prior written agreement. Payment terms for credit accounts are strictly 30 days net from date of invoice. Results may be withheld pending settlement of overdue accounts. Account credit may be suspended / terminated at any time. By signing herein you confirm to hold a management of executive position within mentioned Company.

Name (print) * Signature *
 Position * Date

JET-CARE USE ONLY: Approved Sign Date Account Code Credit Limit Note WebECHO U&P issued by