



Aviation Application
P.O. Box 1 • 640 W. Montana
Kalispell, MT 59903-0001
(406) 755-4321 • Fax (406) 756-8591
E-Mail: accounting@cityservicevalcon.com

Office Use Only
Representative: _____
Site Location: _____
Account #: _____

Business Information					
Legal Company Name		How Long In Business		Business Telephone Number ()	
Trade Name (Business Name)		Federal ID #		Fax Number ()	
Billing Address		City	State	Zip	County
Billing Contact Name	Billing Telephone Number ()	Fax Number ()		Billing E-Mail Address	
Delivery Address (If different from Billing)		City	State	Zip	County
Type of Business Organization (Check One) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC				Type of Business	
*** Please Include Financial Statements ***					
Owner(s) or Partner(s) Information - Attach additional sheet if necessary					
First Name	Middle Initial	Last Name	Title		Social Security Number
Residence Address		City	State	Zip	County
Telephone Number ()	Alternate Telephone Number ()		E-Mail Address:		
First Name	Middle Initial	Last Name	Title		Social Security Number
Residence Address		City	State	Zip	County
Telephone Number ()	Alternate Telephone Number ()		E-Mail Address:		
Credit References					
Name of Bank		Name of Bank Officer		Account Number(s)	
Address		City	State	Zip	Telephone Number ()
Credit Reference		Contact Name		Account Number(s)	
Address		City	State	Zip	Telephone Number ()
Credit Reference		Contact Name		Account Number(s)	
Address		City	State	Zip	Telephone Number ()
Product of Interest					
Do you or have you had an account with CityServiceValcon? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Account Number: _____					
Which products do you wish to purchase?					
<input type="checkbox"/> Jet A Estimated Monthly Gallons: _____					
<input type="checkbox"/> 100 LL Estimated Monthly Gallons: _____					

Initial _____ Initial _____



Credit Terms and Credit Agreement

The undersigned agrees to the following terms in all credit transactions with CityServiceValcon unless otherwise agreed to in writing by authorized Company Officers:

Payment Terms. Payment terms are as stated on invoices. These payment terms are subject to modification by CityServiceValcon upon written notice to the undersigned. The undersigned agrees to pay upon receipt of invoice those amounts invoiced to applicant by CityServiceValcon. The undersigned agrees to pay a finance charge at the rate of 1.5% per month (18% per annum), or the maximum amount allowable under Montana law, whichever is lesser, on all past due amounts. The undersigned further agrees to pay handling charges for all returned payments. Payment shall be due at our Kalispell office unless directed otherwise by an authorized CityServiceValcon representative. Payments shall first be applied to any accrued interest on the account, and then to principal. I understand any billing dispute must be made and submitted in writing to the Kalispell office within 30 days of the date of invoice. All invoices shall be deemed accurate and final after 30 days.

References and Credit Worthiness. I authorize the references listed on this application release information to CityServiceValcon related to applicant's accounts. I authorize CityServiceValcon to secure information regarding applicants' credit history from any commercial or consumer reporting agency or trade organization and authorize the release of information regarding applicant's account with CityServiceValcon to such agencies. I authorize CityServiceValcon to check my credit periodically as part of maintaining my credit terms. I agree to provide CityServiceValcon, upon its request, financial statements and/or an updated Credit Application. Failure to provide such item(s) following a request may result in the immediate revocation of credit.

Governing Law; Collection Expenses. I represent and warrant the above information to be true, correct and complete and I further represent and warrant that if this Credit Application is submitted by a corporation, partnership or limited liability company, that the individual executing this document on behalf of such entity has full authority to bind such entity. I agree to pay all attorney's fees and other collection costs incurred in connection with the collection of any amounts due. Venue of any legal action to collect any amounts due shall be Flathead County, Montana.

I agree to abide by CityServiceValcon's credit policy if credit is granted. I consent to receive faxes, telephone calls, and/or emails from or on behalf of CityServiceValcon. I have received and signed CityServiceValcon's Credit Terms and Credit Agreement. I understand that CityServiceValcon reserves the right, in its sole discretion, to eliminate or reduce the amount of credit extended by CityServiceValcon to the undersigned at any time in the future.

Authorized Signature

Please print name and title

Date

Authorized Signature (If applicable)

Please print name and title

Date

CONTINUING IRREVOCABLE PERSONAL GUARANTEE

Your signature below unconditionally and irrevocably guarantees the payment when due of all charges for the account of said applicant for services rendered and for goods sold and delivered on or after this date. The Credit Terms and Credit Agreement above is hereby incorporated and made a part of this Guaranty. This Guaranty is given in consideration for CityServiceValcon's agreement to extend credit to the above named entity.

Guarantor's obligations under this guaranty are independent of those of applicant, and Guarantor hereby waives notice on default or nonpayment, presentment, demand and understands and agrees that CityServiceValcon is not required to first seek payment from the debtor or its assets before enforcing this Guaranty.

Guarantor Signature

Please print name

Date

Guarantor Signature (If applicable)

Please print name

Date



ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

I authorize CityServiceValcon and Glacier Bank, Po Box 27, Kalispell, MT 59901, to initiate debit or credit entries to my checking/savings account. This authority will remain in effect until I notify CityServiceValcon in writing to cancel it, in such time as to afford the bank a reasonable opportunity to act on it. My account information is:

Name / Entity Name on Account _____

Financial Institution _____

Bank Address _____

Bank Contact _____

Bank Telephone Number _____

Bank Routing Number _____

(located between these symbols 1: 1: on the bottom left of your check)

Bank Account Number _____

Account Type: **Checking** ☐ **Savings** ☐

Effective Date: _____

I understand that the Automated Clearing House electronic funds transfer entry will only be accepted by my Financial Institution if sufficient funds are available in my account and I hereby agree to insure sufficient funds are on deposit prior to each EFT debit.

I understand that if I refuse or otherwise fail to make payment for a debit entry, this agreement and all other agreements between me and CityServiceValcon may be terminated by CityServiceValcon.

For Office Use Only

Account # _____

Customer Authorization:

Authorized Signature

Printed Name

Title

Date

******PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT REFERENCED ABOVE******