



ISO 9001/AS9120 CERTIFIED & ASA100/FAA AC 00-56 ACCREDITED
 WEBSITE: <http://www.unical.com> sales@unical.com SITA: LAXUAXD

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 Accounts Receivable II
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680 SOUTH LEMON AVE., CITY OF INDUSTRY, CA 91789 USA., TEL: 909-348-1700, FAX: 909-869-7602

Please provide the following information to facilitate establishing a business account for use in purchasing Unical goods and services.

Bill to Name (Company Name)			Please Check One <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other
Billing Address (Street or P.O. Box address to which invoices and statements will be sent)			
City	State	Zip/Postal Code	
Shipping Address (Address to which products will be shipped)			
City	State	Zip/Postal Code	
Date Business Started	Description of Business	Credit Requested	
Estimated Annual Orders:	USD\$		

Person to Contact Regarding Payment or Financial Matters

Title	Telephone Number	Fax Number
Name	Email Address	
Sales Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No (For U.S. based customers only. If you are exempt from tax, please provide a copy of your Resale/Exemption Certificate)		
Has the firm or any of its principals ever been bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a statement explaining the details of the bankruptcy)		
Rated in D&B? <input type="checkbox"/> Yes <input type="checkbox"/> No	DUNS# _____	

Your Primary Bank Reference (please fill out below or attach a copy of this information)

Name	Address 1	Account Number
Contact	Address 2	Phone and Fax Numbers
Trade Credit References (please fill out below or attach a copy of this information)		
TRADE CREDIT REFERENCE	TRADE CREDIT REFERENCE	TRADE CREDIT REFERENCE
Name	Name	Name
Address 1	Address 1	Address 1
Address 2	Address 2	Address 2
Phone and Fax Numbers	Phone and Fax Numbers	Phone and Fax Numbers
Contact	Contact	Contact
E-mail	E-mail	E-mail

Please enclose a copy of your latest financial statements.

I/we warrant the information shown above to be true. I/we understand that the sales price (at FOB Point of Shipment) for all purchases is due within the terms specified on the invoice and any payment received after the due date will be subject to an additional 1.5% interest per month. I/we understand that unless otherwise stated, all returning items must be (i) accompanied with a RMA issued by Unical, (ii) be returned within 15 days, and (iii) subject to a 25% re-stocking fee and all shipping charges. I/we authorize Unical Aviation, Inc. to investigate the references herein, statements, or other data obtained from me/us or from any other person pertaining to my/our credit and financial responsibility. I/we understand all costs associated with collecting past due account balances including collection agency fees, if applicable, shall be borne by the Purchaser. I/we understand that this financial information will be kept in the strictest confidence by Unical Aviation, Inc.

Signature of Finance Manager or Principal	Name and Title	Date
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