



450 N. McCLINTOCK, SUITE 101, CHANDLER, ARIZONA 85226
PHONE: (480) 753-0752 (800) 366-6462 FAX: (480) 961-8971 WWW.KRN.COM

Standard Initial Requirements for Net 30 Terms

**Please be advised this letter must be returned in order to process
your Net 30 Payment Terms Application.**

Net 30 payment terms are extended as a courtesy to companies who purchase from our company on a monthly basis. It is not an extension of credit.

You will find our standard requirements for applying for Net 30 payment terms outlined below.

- A. The company (if located within the USA) applying for Net 30 payment terms must have been in business for a minimum of 3 years or the company (if located outside the USA) must have been in business for a minimum of 5 years.
- B. The company must be in the general aviation industry.
- C. The company must be a FBO, a FAA repair facility, or an aircraft parts supplier who also maintains inventory assets.
- D. The requested purchases must be mainly airframe parts for general aviation.
- E. The company must supply a minimum of three aircraft parts trade references with sufficient credit history.
- F. The company must consent for its bank to release account information in writing to KRN by having a signor of the account complete the below section.

If your company meets the above initial requirements for Net 30 payment terms, you may then complete the following application, enclose it with the signed copy of this letter, and mail or fax it to:

KRN Aviation Services
Attn: Accounts Receivable
450 N. McClintock Drive, Suite 101
Chandler, AZ 85226
Fax: (480) 961-8977

Should you have any additional questions regarding Net 30 payment terms, please contact our Accounts Receivable department at (480) 753-0752.

Thank you,

Amanda Linton
Accounting Manager

Company Name

Address

City, State, Zip

Signature of Authorized Company Representative

Date

KRN AVIATION SERVICES



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Net 30 Payment Terms Application

Company Name: _____		
Billing Address: _____		
Shipping Address: _____		
Telephone #: _____	Fax #: _____	
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Individual		
Under laws of what state? _____ Year Established? _____		
Nature of Business? _____		
Subject to Sales Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No Resale Permit #: _____		
Company Owners/Officers:	Title:	Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____
Principal Bank: _____ Account #: _____		
Bank Contact: _____		
Bank Phone #: _____ Bank Fax#: _____		
Aviation References:	Telephone #	Fax #
_____	_____	_____
_____	_____	_____
_____	_____	_____
Name and title of person to contact concerning account: _____		
ESTIMATED MONTHLY ACTIVITY FOR NET 30 PAYMENT TERMS: \$ _____		
The above information is given for the purpose of obtaining Net30 Payment Terms and is warranted to be true. We affirm that we are financially able to meet our obligations, and will remit in accordance with the invoice terms.		
Signature of Owner/Officer: _____ Date: _____		
Our terms are Net 30 Days from the Invoice date. Finance charges are assessed on all account balances over 30 days of age, at the rate of 1.5% monthly.		
Official use only:	Processed by: _____	Date: _____
	Approved by: _____	Date: _____