



**HELI-MART INC.**  
 3184 Airway Avenue, Bldg. E  
 Costa Mesa, CA 92626  
 (714) 755-2999  
 Fax (714) 755-2995  
 Outside CA (800) 826-6899

**APPLICATION FOR CREDIT**

_____ NAME OF FIRM OR INDIVIDUAL			_____ YEARS AT THIS ADDRESS
_____ ADDRESS			_____ PHONE
_____ CITY	_____ STATE	_____ ZIP	_____ FAX
CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	INDIVIDUAL <input type="checkbox"/>	

OFFICERS OR OWNERS \_\_\_\_\_

DATE BUSINESS STARTED \_\_\_\_\_ RESALE NUMBER \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ ANY BANKRUPTCIES? \_\_\_\_\_

A/P CONTACT \_\_\_\_\_ BUYER'S NAME \_\_\_\_\_

TRADE REFERENCES:

1. \_\_\_\_\_  
 COMPANY ADDRESS  
 \_\_\_\_\_  
 PHONE FAX  
 \_\_\_\_\_
2. \_\_\_\_\_  
 COMPANY ADDRESS  
 \_\_\_\_\_  
 PHONE FAX  
 \_\_\_\_\_
3. \_\_\_\_\_  
 COMPANY ADDRESS  
 \_\_\_\_\_  
 PHONE FAX  
 \_\_\_\_\_
4. \_\_\_\_\_  
 COMPANY ADDRESS  
 \_\_\_\_\_  
 PHONE FAX  
 \_\_\_\_\_

BANK NAME \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

\_\_\_\_\_  
ADDRESS CONTACT

\_\_\_\_\_  
PHONE FAX

OUR TERMS ARE NET 30 DAYS. WE AGREE TO THESE TERMS OF PAYMENT. IF THIS FORM IS SUBMITTED ELECTRONICALLY, YOUR DIGITAL SIGNATURE WILL CONSTITUTE ACCEPTANCE OF THESE TERMS.

\_\_\_\_\_  
AUTHORIZED SIGNATURE TITLE DATE