



Grand Rapids Air Charter CREDIT ACCOUNT APPLICATION

Company Name: _____

Charter Contact: _____

Contact E-Mail: _____

Billing Address: _____

Phone: _____ Fax: _____ Cell: _____

Type of Business: _____

Company Website: _____

Billing Contact: _____

Do you have an accounting department? Yes No

Accounting Dept. Contact Name: _____

Number of Years in Business: _____ # of Employees _____

Is your company a member of your local area Chamber of Commerce? Yes No

Card # _____ Type Card _____ Exp Date _____

Name on Card _____

Our standard terms are 15 days from mailing date of invoice. At 30 days past mailing date of invoice, a 1.5% per month charge applies which is effective retroactively to the mailing date of the invoice. If you determine that your invoice will be late, please call and tell us and we may waive the late charge. Second invoice or reminders will be mailed.

I agree to these terms and conditions.

Your name: _____

Signature: _____ Date: _____

**PLEASE RETURN BY FAX TO 616-608-3869
OR SCAN AND EMAIL TO fly@grandrapidsaircharter.com**