



**FLIGHT SYSTEMS  
INDUSTRIAL PRODUCTS**

*1015 Harrisburg Pike  
Carlisle PA 17013-1616  
Phone: 800-333-1194 Fax: 800-333-9194*

Attention Purchasing/Accounts Payable:

All of us at Flight Systems Industrial Products and GE Electric Vehicle Control Service Center would like to thank you for your interest in establishing an open account with us.

Attached is our credit application, payment terms and remit to instructions, and wire transfer instructions. Please complete the credit application in its entirety and fax or mail to us for processing. Also, if you are tax exempt in PA please complete the attached exemption certificate. Our customer service department will contact you upon complete review of your credit application and its references.

Once again, we thank you in advance for allowing us to serve you as one of our valued customers.

Regards,

Joseph V. Spangler  
Chief Financial Officer



<b>CREDIT APPLICATION</b>	
<b>Customer Service Person:</b>	<b>Date:</b>

<b>BUSINESS NAME</b>		<b>Phone</b>	
<b>ADDRESS</b>		<b>Fax#</b>	
<b>ACCOUNTING DEPT. NAME</b>	<b>PARTS DEPT. NAME</b>		
<b>ACCOUNTING DEPT. EMAIL</b>	<b>PARTS DEPT. EMAIL</b>		
<b>ESTIMATED MONTHLY PURCHASES FROM US</b>			
<b>TYPE OF BUSINESS</b>			
<b>HOW LONG IN BUSINESS (YEARS &amp; MONTHS)</b>			
<b>HOW DID YOU HEAR ABOUT US?</b>			
<b>BUSINESS CHECKING ACCOUNT BANK NAME</b>	<b>ADDRESS</b>	<b>ACCOUNT#</b>	
<b>CONTACT</b>	<b>TITLE</b>	<b>PHONE &amp; FAX #</b>	
<b>BUSINESS LOANS &amp; LENDING INSTITUTIONS</b>	<b>ADDRESS</b>	<b>AMOUNT OWED</b>	
<b>SUPPLIER REFERENCES</b>	<b>ADDRESS</b>	<b>PHONE #</b>	<b>FAX #</b>
1.			
2.			
3.			
4.			
Has applicant or any of its owners, principals, partners, officers or directors ever filed a petition in bankruptcy or assignment for the benefit of creditors? Please enter YES or NO here: _____			
If answer is yes, give name of petitioner, when and where filed and disposition:			
Has a tax lien or civil suit been filed against applicant or any of its owners, principals, partners, officers or directors within the past six years? Please enter YES or NO here: _____			
If answer is yes, give name of plaintiff, date and place of suit, amount and disposition:			

**PLEASE COMPLETE BOTH PAGES**

## AUTHORIZATION/TERMS OF ACCEPTANCE

Applicant authorizes Flight Systems Industrial Products Co. to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on this application. Applicant further authorizes and instructs any person or credit-reporting agency to compile and furnish Flight Systems Industrial Products Co. any information it may possess or obtain in response to such credit inquiries.

Applicant represents and warrants that the information contained within this application given for the use of obtaining credit is true and correct. Applicant agrees to submit his, her or its most recent financial statement if required.

Applicant agrees to pay all invoices upon receipt of each statement unless otherwise expressly agreed in writing. Applicant understands that all balances are due thirty (30) days from the invoice date.

Applicant hereby agrees to pay all sums due to Flight Systems Industrial Products Co. including late charges, collection fees or attorney fees necessary to collect said balances.

The undersigned warrants that the above agreement has been carefully read and understood; in the case of a Corporation or Partnership, the undersigned represents that he or she has authority to enter into this credit agreement on behalf of said Corporation or Partnership.

Owner Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

If Incorporated: \_\_\_\_\_

Authorized Signature of Officer Opening Account:

Print Name and Title of Officer: \_\_\_\_\_



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## **PAYMENT TERMS**

### **Payment Options:**

- By Check or Wire\*: Standard Terms of Net 30 days  
Less 1% discount in 10 days
- By Credit Card: American Express, Visa, Master Card  
(no discounts apply)

\* See "Wire Transfer Instructions"

A fee will be charged for any checks returned for insufficient funds.

### **Remit To Address:**

F.S.I.P.  
1015 Harrisburg Pike  
Carlisle PA 17013

### **Remittance Advice**

To be sure your account is credited properly please provide the remittance invoice with your payment. Also, please include your account number and invoice and/or credit memo numbers with/on your check to ensure proper credit to your account. Please note any changes to mailing address, shipping address, or phone numbers with remittance.

### **Core Credits**

Core return charges are included on your invoice and are to be treated as an amount due for that particular invoice. Cores received after payment of the invoice will either be credited to your account or refunded upon written request. When returning your core for credit please enclose your company name, account number, purchase order number, CO #, and invoice number. Also, please retain a record of your "proof of delivery" or "tracking numbers."

### **Accounts Receivable Contacts**

Please contact our Accounts Receivable Department with any questions you may have about your account by simply calling and asking for "accounts receivable" or the person you last spoke with.