



Attn: Credit Manager
 26411 Oak Ridge Dr., The Woodlands, TX 77380
 Phone: 281.362.9988
 Fax: 832.442.3365
 E-mail: credit@mariahfuels.com

APPLICATION FOR CREDIT

Sales Rep _____

Individual or Company Name
 (or Trade Name if applicable) _____

Street Address _____
Address - Street / City / State / Zip

Billing Address _____
Address - Street / City / State / Zip

Phone Number _____ Fax Number _____

CONTACT INFORMATION

Accounts Payable _____ <i>Contact</i>	Phone _____
	Fax Number _____
	Email address: _____
Dispatch / Flight Ops _____ <i>Contact</i>	Phone _____
	Fax Number _____
	Email address: _____
Fuel Price Coordinator _____ <i>Contact</i>	Phone _____
	Fax Number _____
	Email address: _____

Please list the email addresses (up to 3) that should receive prices, and file type of your choice to receive them in.

Email address: _____	.pdf <input type="checkbox"/>
Email address: _____	.xls <input type="checkbox"/>
Email address: _____	.csv <input type="checkbox"/>

Invoices can be delivered via email or through the postal service. Please denote preferences and details accordingly.

Email Postal Service

Email address: _____

Email address: _____

AIRCRAFT TAIL NUMBERS

Please list all aircraft applicable to this account. Include additional aircraft on a separate sheet if necessary.

Aircraft Registry #	_____	Aircraft Type	_____
Aircraft Registry #	_____	Aircraft Type	_____
Aircraft Registry #	_____	Aircraft Type	_____
Aircraft Registry #	_____	Aircraft Type	_____
Aircraft Registry #	_____	Aircraft Type	_____
Aircraft Registry #	_____	Aircraft Type	_____
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Aircraft Registry #	_____	Aircraft Type	_____
Aircraft Registry #	_____	Aircraft Type	_____
Aircraft Registry #	_____	Aircraft Type	_____

BANK REFERENCES

Name of Bank	_____	Account Number	_____
Address of Bank _____			
Bank Contact:	_____	Phone Number	_____
Name of Bank	_____	Account Number	_____
Address of Bank _____			
Bank Contact:	_____	Phone Number	_____

TRADE REFERENCES

Company Name	_____	Contact	_____
Address _____			
	<i>Street</i>	<i>City / State / Zip Code</i>	
	Phone _____	Email _____	
Company Name	_____	Contact	_____
Address _____			
	<i>Street</i>	<i>City / State / Zip Code</i>	
	Phone _____	Email _____	
Company Name	_____	Contact	_____
Address _____			
	<i>Street</i>	<i>City / State / Zip Code</i>	
	Phone _____	Email _____	

BUSINESS INFORMATION

Type of Business _____

Corporation Partnership Proprietorship Other _____

Federal ID # _____ DUNS # _____

If Corporation, name as listed with the state _____

State of Incorporation _____

Date business was started under current company name: _____

Officers or Owners Names & Addresses (Attach additional pages if necessary)

Name / Title	Address - Street / City / State / Zip Code
Name / Title	Address - Street / City / State / Zip Code
Name / Title	Address - Street / City / State / Zip Code

LICENSE INFORMATION

Certificate (check all that apply): Part 91 Part 135 Part 121

****Please provide a copy of the Aircraft Operating Certificate for your organization

****Please complete the Sales Tax & License and Registration Form that is found at www.mariahfuels.com under the Getting Started section.

Estimated Monthly Volume _____

A current financial statement is required for our confidential files. The information provided to Mariah Fuels on this application by the applicant(s) and any other information provided to Mariah Fuels, including any financial statements is warranted to be accurate, complete and true and shall be the property of Mariah Fuels. Mariah Fuels is authorized to investigate the applicant(s) credit and employment history and to answer questions about its credit experience with the applicant(s). The applicant(s) hereby certifies and warrants that any credit extended as a result of this application will be used solely for business purposes and will not be used for personal, family or household purposes.

Signature of Owner, Officer, or Authorized Representative _____ Date _____

Print name and title _____