



Application for Credit

Mail to: **Cobra Systems Inc.**
3216 S Nordic Road
Arlington Heights, IL 60005

Phone: (847) 640-6242
Fax: (847) 640-8368

Please Check One	
<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Individual/Proprietorship

Email: jeanette@cobrasys.com

Company Legal
Name:

Street Address: _____ P.O. Box _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Officers or Owners

Title

Accounts Payable matters:

Invoices to be emailed to:

(AP Contact Name) (Title) (Contact Email) (AP Contact Phone #)

Resale Sales Tax Number: (Attach Copy of Resale Certificate & W9)

Tax Exempt: Y/N

Date Business Started: _____ Incorporated in State of: _____

Number of Employees: _____



Application for Credit

Trade Credit References: May Attach Your Own Trade Reference Document

Company Name	Street Address	Town, State, Zip	Phone	Fax

Bank Name		Bank Officer Contact

Street Address	Town, State, Zip	Phone	Fax

Financial information as of:	Dun & Bradstreet#	
Net Sales/Yr:	FEIN #	
_____	_____	_____
_____	_____	_____
_____	_____	_____

For what credit limit would you like to apply? \$ _____

I/we warrant the information shown above and on the reverse side of this application to be true. I/we authorize AAR Corp. and its subsidiaries to investigate the references herein, statements, or other data obtained from me/us or from any other person pertaining to my credit and financial responsibility.

DATE: _____	BY: _____	CSI APPR: _____
FIRM: _____	TITLE: _____	AMOUNT: _____