



CERTIFICATE OF RESALE
BLANKET FORM

To _____
NAME OF VENDOR

The undersigned hereby certifies that all tangible personal property hereafter purchased by him is for purposes of resale, and assumes liability for payment of retailers' Occupation Tax, Service Occupation tax or Use Tax with respect to receipts from the resale of this property to users or consumers.

This certificate shall be considered a part of each order which we shall give, unless such order otherwise specifies.

Purchaser's Name _____ Date _____

Address of Purchaser _____

City _____ State _____ ZIP Code _____

Signature of Purchaser _____
(or Authorized Agent)

Certificate of Registration _____
Number of Purchaser _____

Please attach a copy of your state resale certificate.

McConnell Aviation Group, LLC
1830 Wallace Avenue, Unit 208 • St. Charles IL, 60174
630-762-0679 • Fax: 630-762-0763



McConnell Aviation Group, LLC Account Application

Dealer Sales: 877-777-1100
Dealer Fax: 630-762-0763

Date: _____

Book Store

Flight School - F/W or Rotor

FBO

Pilot Shop

Maintenance School

Other: _____

Company Name : _____

Doing Business As: _____

Phone: _____ Fax: _____

Email Address: _____

State Tax Resale #: _____ Include a Copy of Your Certificate with this Application

Bill to address: _____

City: _____ St: _____ ZIP: _____

Ship to Address: _____

City: _____ St: _____ ZIP: _____

Principal Contact: _____

Accounts Payable Contact: _____

| | |
|---------------|-------|
| Rec | _____ |
| QB | _____ |
| Web | _____ |
| Letter | _____ |
| Crd. Limit | _____ |
| Initial Order | _____ |

Credit Card #: _____ Exp. Date: _____ Type: _____ CID: _____

Card Holder Name: _____ Card Holder Signature: _____

C.C. Billing Address - Same as Bill To

Or: _____

| | | |
|--------------------------|------------------|-------|
| Business Bank: _____ | Account #: _____ | |
| Address: _____ | | |
| Contact: _____ | Phone: _____ | |
| Credit/Trade References: | | |
| Company | Contact | Fax |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |

Applicant accepts and agrees to abide by the following Terms & Conditions of Sale:

- Credit Card Accounts: Credit Card Charged at time of Shipment
- Open Account: Net 30 - Invoices more than 10 business days 'Past Due' will incur a \$20 Service Fee and be charged to your authorized Credit Card
- Return Authorization required for all items,
- Dealers must abide by manufacturers' 'Minimum Advertised Price' policies,
- All shipments FOB Shipping Point via UPS or best way, prepaid and billed.

Principal/Officer: _____

Authorized Signature: _____

Date: 4/28/09