



Aloha.

Mahalo for your support of **Hawaiian Airlines and America's First Certified Air Freight Carrier** since 1929. Enclosed are our Credit Application and Charge Agreement for your completion.

There is a \$100.00, non-refundable application fee. Please make checks payable to Hawaiian Airlines, Inc. Please also ensure all information is accurate and complete with names, addresses, telephone and fax numbers. All questions answered are required before we start our evaluation process.

Prior to finalizing your evaluation, we require responses from all three credit references listed on your application. Your assistance in expediting these responses will help to facilitate this portion of your approval process. Any incomplete information may cause delays in your request. Please keep in mind Hawaiian Airlines requires ALL THREE references to respond to us in order to complete your request for credit. If there is no response from any one of the three references, we will not attempt a second request unless you inform us to do so.

To expedite the application process, you may fax a copy of the completed application and a copy of the check, money order, or cashier's check to (808) 838-5365 and forward the original signed application and payment to:

HAWAIIAN AIRLINES, INC.
Cargo Sales – Credit Application Review
P.O. Box 30008
Honolulu, HI 96820-0008

Should there be any questions or concerns regarding this application, please feel free to contact our Cargo Sales Department at (808) 835-3799 or toll-free 877-HA-CARGO (422-2746).

Aloha & Mahalo,

Hawaiian Airline Cargo Sales



HAWAIIAN
AIR CARGO.

P.O. Box 30008
Honolulu, Hawaii 96820-0008
Toll-free 1-877-HA-CARGO (422-2746)
Facsimile (808) 838-5365
CREDIT APPLICATION

Business Name	
Website Address	

BUSINESS ADDRESS INFORMATION

Address								
City/Town								
State/Province						Zip		
Incorporated?		YES	NO		Federal Tax ID Number			
If NO check One	<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
Contact Persons						Title		
Phone	()	Ext.			Fax	()		
Email Address						Dept		
Hours of Operation								
Names of Authorized Account Users								
Do you require an Invoice?	YES	NO	Invoice preferred? <input type="checkbox"/>	Weekly invoice and monthly statement <input type="checkbox"/>	Open Item Statement <input type="checkbox"/>			

BILLING ADDRESS INFORMATION (if different from above)

Address							
City/Town							
State/Province						Zip	
Contact Persons						Title	
Phone	()	Ext.			Fax	()	
Email Address						Dept	

OTHER LOCATION INFORMATION (i.e. Local Contacts)

Additional Location			
Address			
City/Town			
State/Province		Zip	
Contact Persons		Title	
Phone	()	Ext	Fax ()
Email Address		Dept	
Hours of Operation		Preferred Billing Date	
Names of Authorized Account Users			
Doing Business As (DBA) Names			

BANK REFERENCES

Bank Name			
Account Number			
City/Town			
State/Province		Phone ()	Ext
Bank Officer			
Bank Name			
Account Number			
City/Town			
State/Province		Phone ()	Ext
Bank Officer			

TRADE OR SUPPLIER CREDIT REFERENCES (Must provide at least 3)

Name			
Address			
Person to Contact			
City/Town			
State/Province		Zip	
Phone	()	Ext	Fax ()

TRADE OR SUPPLIER CREDIT REFERENCES (Continued)

Name			
Address			
Person to Contact			
City/Town			
State/Province		Zip	
Phone	()	Ext	Fax ()

Name			
Address			
Person to Contact			
City/Town			
State/Province		Zip	
Phone	()	Ext	Fax ()

NAMES OF PRINCIPALS: Owners, Officers, Partners

Name			
Address			
City/Town			
State/Province		Zip	
Home Phone	()	Ext	Fax ()
Title		Social Security #	

Please attach additional pages if you have more than one principal.

I hereby certify that I am authorized to sign and submit this application for and on behalf of the applicant. I also certify that the foregoing information is true and correct to the best of my knowledge.

Name (Please Print or Type)

Title

Signature

Date

Charge Agreement and Guarantee

For the purposes of obtaining credit from Hawaiian Airlines, Inc. ("Hawaiian"). Applicant agrees as follows:

1. Applicant represents that the information supplied herein is in all respects complete, accurate, and truthful. Applicant agrees to notify Hawaiian promptly, in writing, of any substantive changes in the information provided.
2. Applicant agrees to pay in full for services rendered (without deduction or setoff) on or before the earlier of 30th day of the month following the date of billing or the due date started on each billing to the order of Hawaiian at the mailing address of PO Box 29906, Honolulu, Hawaii 96820-9984. Any amounts not paid when due shall be assessed a service charge at the rate of eighteen (18%) percent per annum (1 1/2% per month) or the highest rate allowed by law.
3. If Applicant's account is placed or given to an attorney for collection, Applicant shall pay any and all expenses of collection and attempted collection, court costs and reasonable attorney's fees in addition to other amounts due.
4. The failure of Hawaiian to charge interest on Applicant's account or pursue any other remedy available to it shall not constitute Hawaiian's waiver.
5. The acceptance of this application by Hawaiian does not constitute an agreement to extend credit to Applicant or to provide services to Applicant. Hawaiian, in its absolute discretion, may set and/or modify credit limits from time to time or terminate credit, with or without notice to Applicant.
6. In the event Applicant or any affiliate of Applicant (i.e. a company or other entity under common control) defaults in the payment of any sums due to Hawaiian, all other amounts due from Applicant or any affiliate shall be immediately due and payable, including any amount due for freight in transit. Also, in the event of such default, to the extent allowed under applicable law, Hawaiian is hereby authorized by Applicant to take possession of any freight then being shipped by Applicant and hold the same until payment is made, with all the rights of a secured party under the Uniform Commercial Code, as applicable in the State of Hawaii.
7. Applicant agrees that Hawaiian may set off against monies due it from Applicant or any affiliate any monies owed by Hawaiian to Applicant or any affiliate. Applicant agrees that he/she will not set off against any amounts due Hawaiian or claimed to be due to Applicant from Hawaiian.
8. If any one or more of the above terms becomes invalid or illegal in any respect, such term or terms shall be waived, and the validity, legality and enforceability of the remaining terms shall not be affected.
9. All disputes must be submitted to Hawaiian no later than 30 days following date of billing. Any billing not challenged within 60 days will be deemed accepted and it is agreed will not thereafter be subject to dispute by applicant. No adjustments will be accepted based only on verbal notification received by Hawaiian's representatives. Adjustments may be called in to the Accounts Receivable Department (808) 835-3055, within the 30 days. However, these same adjustments must be also submitted to Hawaiian in writing. All adjustments must reference either an invoice number or any air waybill number, or both numbers, for which the adjustment is being made.

I have read, I understand, and I accept the above terms, and I have provided true information to the best of my knowledge. I understand you will rely on the information provided herein in determining whether to extend credit and the limits thereof and that you may wish to periodically update the information given herein. For the purpose of obtaining credit from Hawaiian, Applicant hereby authorizes Hawaiian, or its agents, to investigate the Applicant's personal, partnership to corporate credit and financial responsibility.

Applicant _____

Name (Please Print or Type)

Title

Signature

Date