



**MIAMI-DADE AVIATION DEPARTMENT
CREDIT REQUEST FORM**

DATE: _____

CUSTOMER/COMPANY NAME: _____

ACCOUNT #/NAME: _____

LEASE/LICENSE/PERMIT/CONCESSION AGREEMENT#: _____

CREDIT REQUEST \$ AMOUNT: _____

CREDIT JUSTIFICATION/PURPOSE: _____

(ATTACH SUPPORTING DOCUMENTATION.)

CREDIT COMMENCING DATE: _____ ENDING DATE: _____

RECOMMENDED CREDIT \$ AMOUNT: _____

PROPERTYMANAGER/PROJECTMANAGER: _____

SECTIONCHIEF: _____

APPROVALS:

ASSISTANT COUNTY ATTORNEY – DATE *(If Account is in Litigation/Other Legal Status)*

CHIEF FINANCIAL OFFICER – DATE

DEPUTY DIRECTOR BUSINESS DEVELOPMENT – DATE

AVIATION DIRECTOR – DATE *(If over \$500,000.00)*

ONCE ALL APPROVALS HAVE BEEN OBTAINED, FORWARD AS FOLLOWS:

- ORIGINAL TO FINANCE
- COPY TO REAL ESTATE MANAGEMENT/COMMERCIAL OPERATIONS FILES