

NEW CUSTOMER FORM

Please check one of the following:

Business
 Individual

Name _____
Billing Address _____
City _____ State _____ ZIP Code _____
Country _____

Tax ID / EIN _____
Phone Number (xxx) xxx-xxxx _____
Company Website _____
Invoicing Email address _____

Accounts Payable Info

Name _____
Phone Number (xxx) xxx-xxxx _____
Email Address _____

Customer with Portal If Yes, please provide set up instructions and send invitation to aerosalesteam@aerospecialties.com

Name of Portal: _____

Preferred Payment Method (Select One):

Check ACH/Wire Transfer Credit Card

Sales Tax Exempt? Yes (please attach Sales Tax exemption certificate)
 No

Notes: _____

By signing this form, the customer agrees that the information provided is true and correct. The customer also agrees to submit updated information in a timely manner if the provided information is no longer true or accurate, by completing and returning this form to AERO Specialties, Inc.

Signed: _____ Date: _____
Printed Name: _____ Title: _____

For AERO Specialties, Inc. Use Only

Sales Representative: _____ BP#: _____
Date: _____