



New/Update Customer Form

Customer Contact Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Shipping address	
City	
State	
ZIP Code	
Telephone (office)	
Telephone (cell)	
Fax	
Contact Name	
Contact Title	
E-Mail	

Customer Aircraft Information (please print or type)

Aircraft Type	
Company Type (FBO, Charter, Repair Facility, etc.)	

For Internal Use Only

Customer number _____ Vendor number _____
Salesperson: _____
Send CRS Package: Yes _____ No _____
Airpax Entry: Update _____ New Entry _____
Special Requests: _____
Purchase Made: Yes _____ No _____