

Date: **Division:** Account: Sales Pers:

2310 NW 55 COURT, BAY # 128 Ft.Lauderdale, Fl 33309 Phone: (954) 739-3575 Fax: (954) 739-9514 Web Site: www.airpartsco.com

New Customer Form

NEW CUSTOMER INFOR Circle applicable status:		∥ ○LLC	○ Partnership	○ Sole Prop.
Billing				
Name: Address:				
City, State, Zip:				
IF P.O. BOX – A PHYSICAL DELIVERY ADDRESS MUST BE PROVIDED AS WELL:				
Shipping: Name:				
Address:				
City, State, Zip: Telephone #:				
Fax #:				
Contact Name:				
lax Exempt:	5 / NO		ur Fl Sales Tax Certificat	e must ho provided)
Tax I.D. #:		(II, yes, a copy of ye	VISA	e mast bo provided.)
Credit Card # :			MasterCard	
Name on Card:			AMERICAN	
Billing Address:			EXPRESS	
			Nonvus	
Terms: PREF Internal Use Only: 1 2	PAID WOA 3 4 5 6	CR CARD	C.O.D	OPEN
Comments:				
INTERNAL USE ONLY				