



Business Information Request Form

Company Name: _____
DBA/Trade Name(s): _____
Parent Company Name(s): _____
Telephone: _____
Website: _____
Business License#: _____
License Jurisdiction: _____
EIN or VAT#: _____
Headquarter Address: _____
Billing Address: _____
Shipping Address: _____
Office Location(s) _____
Address(s): _____

Type of Business: _____

**Please describe if
business type is other:** _____

Accounts Payable

Name:	_____
Tel:	_____
Email:	_____

Accounts Receivable

Name:	_____
Tel:	_____
Email:	_____

Sales Contact

Name:	_____
Tel:	_____
Email:	_____

Shipping Contact

Name:	_____
Tel:	_____
Email:	_____

Quality Control Contact

Name:	_____
Tel:	_____
Email:	_____

Repairs Contact

Name:	_____
Tel:	_____
Email:	_____

Quality Systems & Authority Approvals	License #	Valid Until:
ISO9000:		
ASA100/TAC2000:		
AS 9000:		
EASA part 145 certificate:		
FAA certificate:		
EASA part 21 certificate:		
Other NAA certificate:		
Other certificate(s):		

**Has your company/company owners ever been a party on any sanctioned lists?
(including but not limited to the SDN/OFAC/BIS)**

Yes No If Yes, explain:

Bank Name:

Bank Address:

Account Name:

IBAN:

BIC/Swift code:

ABA/Swift code:

Please attach copy of W9 / Resale Certificate / VAT / EORI or other licenses as applicable

I understand and acknowledge that the information provided is true and correct to the best of my knowledge. I confirm that I am duly authorized signing party for the company.

Name:

Title:

Email:

Date:

X

Authorized signer signature