



# New Customer Information Form

COMPANY INFORMATION		
Company Name:		
Address:		
City:	State:	ZIP Code:
Contact Person:		Email:
Phone:	Fax:	

A/P CONTACT INFORMATION	
Contact Person:	Email:
Phone:	Fax:

SALES TAX INFORMATION		
Taxable?	Yes:	No:
If 'no' please provide California Resale number or exemption information:		
<b>Please fax a copy of your resale license along with completed California Resale Certificate form (also available at <a href="http://www.rotorcraftsupport.com">www.rotorcraftsupport.com</a>) or your Exemption Certification to: (818) 997-8060 ATTN: Accounting</b>		

ACCOUNT INFORMATION	
Terms:	
Credit Limit:	
<b>To establish a credit limit, please submit a Credit Application.</b>	

SPECIAL INSTRUCTIONS/MEMOS