



Customer Creation Form

Organization Information			
Company Name			
CEO/President Name		Email:	
General Manager Name		Email:	
Head of Purchasing Name		Email:	
Head of Quality Name		Email:	
Corporate Identification #		DUNS #	
Sales Tax Re-Sale #		Date of Organization	
Organization Type	Select Organization Type	Business Type	Select Business Type
Facility Size (square feet)		Number of Employees	

(Please provide a copy of W-9 Form, Re-Sale Certificate and list of Credit References)

Billing Information			
Preferred Billing Method	Choose a Method		
Address			
City			
State		Postal Code	
County		Country	
PO Box		PO Box Postal Code	
Email			

Ship To Information (if same as Billing information, mark "Same as Billing Info")			
Address			
City			
State		Postal Code	
County		Country	
PO Box		PO Box Postal Code	
Email			

S K Y F L Y



Customs Broker (if applicable)			
Name			
Address			
City			
State		Postal Code	
County		Country	
PO Box		PO Box Postal Code	
Office Phone		Mobile Phone	
Email			

Accounts Payable Contact			
Name			
Title			
Office Phone		Mobile Phone	
Email			

Type of Ratings and Accreditations

- | | | | | | | | |
|------|--------------------------|--------------|--------------------------|--------------------------------|---|----------|--------------------------|
| FAA | <input type="checkbox"/> | PMA | <input type="checkbox"/> | ASA-100 | <input type="checkbox"/> | ISO 9001 | <input type="checkbox"/> |
| EASA | <input type="checkbox"/> | MIL STD | <input type="checkbox"/> | AS9100 | <input type="checkbox"/> | ISO 1400 | <input type="checkbox"/> |
| CAAC | <input type="checkbox"/> | CASE 3A | <input type="checkbox"/> | | | | |
| TSO | <input type="checkbox"/> | FAA AC00-56A | <input type="checkbox"/> | OTHER (PLEASE SPECIFY): | Click here to enter text. | | |

SKYFLY



Product Types and Services Requested

1. _____
2. _____
3. _____
4. _____

I certify that the information provided in this survey is true and complete.

_____	_____	_____
Completed by - Name/Date	Signature	Position
	_____	_____
	Phone	Email

For SKY FLY Use Only

_____	_____	_____
Requestor - Name/Date	Signature	Dept.

_____	_____	Approved	<input type="checkbox"/>
Accounting Manager - Name/Date	Signature		

_____	_____	Approved	<input type="checkbox"/>
Quality Manager - Name/Date	Signature		

_____	_____	Approved	<input type="checkbox"/>
General Manager - Name/Date	Signature		