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 Verona, WI 53593-0040
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Credit Fax: 608/845-6418
 info@airspecialties.com
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INTERNATIONAL CUSTOMER PROFILE

Legal Name of Business: _____
 Physical Address: _____
 City/Country: _____ Postal Code: _____
 Billing Address (if different): _____
 City/Country: _____ Postal Code: _____
 Phone Number: () _____ Fax Number: () _____ E Mail _____

Legal Form of Business: _____ Registration Number: _____
 Country of Registration: _____ Type of Business: _____
 OFFICERS, PARTNERS, OR OWNERS: Year Business Started: _____
 Name: _____ Title: _____
 Name: _____ Title: _____
 Name: _____ Title: _____

Person responsible for payment: _____

U.S. BUSINESS REFERENCES/CURRENT SUPPLIERS:

Name	Address	Phone #	Person to Contact
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

BANK REFERENCES:

Name	Address	Phone #	Person to Contact
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Credit terms available are: check in advance, wire transfer before shipment, confirmed irrevocable letter of credit (according to UCP 500 Documentary Credits) or terms mutually agreed upon. All transactions will be in **U.S. Dollars**.

Signature: _____

Typed Name & Title: _____

Date: _____