



**QUALITY
AIR FORWARDING
INC.**

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**New Customer Information and/or
Change of Information for Customer or Vendors**

-
- 1- Company name _____
 - 2- Shipping Address: _____
 - 3- City _____ State _____ ZIP _____
 - 4- Contact person for shipping _____
 - 5- Phone number _____
 - 6- Fax number _____
 - 7- E-Mail Address _____
 - 8- After hours (Emergency) phone number _____

Customers Fill in here please: 9. Accounts **Payable** contact _____

Billing Address: _____

Phone#: _____

Fax #: _____

EIN#: _____

Vendors Fill in Here please: 10. Accounts **Receivable** contact _____

Phone#: _____

Fax #: _____

11. QAF Sales Representative _____

Approval _____ Dated _____

Signature required

For Administration Use Only

Date Received _____

Airtrak Customer # _____

Bill to # _____

Admin Asst. Signature _____

Date _____