

P.O. Box 370110, Milwaukee, WI 53237-0110 ♦ Phone: 414-294-3005 ♦ TollFree: 1-800-237-6090 ♦ Fax: 414-294-3011 Website: www.qafi.com ♦ Email: qafi@qafi.com

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

1- Company name					
3- City State ZIP		1-	Company name		
4- Contact person for shipping		2-	Shipping Address:		_
5- Phone number		3-	City State	ZIP	
6- Fax number		4-	Contact person for shipping		
7- E-Mail Address		5-	Phone number		
8- After hours (Emergency) phone number		6-	Fax number		
Billing Address:		7-			-
Billing Address:		8-	After hours (Emergency) phone number		_
Phone#: Fax #: EIN#:  EIN#:  Yendors Fill in Here please: 10. Accounts Receivable contact Phone#: Fax #:  11. QAF Sales Representative  Approval Signature required  For Administration Use Only Date Received Airtrak Customer #	Customer	<u>:s</u> Fi	ll in here please: 9. Accounts <b>Payable</b> contact		
Phone#: Fax #: EIN#:  EIN#:  Yendors Fill in Here please: 10. Accounts Receivable contact Phone#: Fax #:  11. QAF Sales Representative  Approval  Signature required  For Administration Use Only Date Received Airtrak Customer #			Billing Address:		
Fax #:					
EIN#:					
Vendors Fill in Here please: 10. Accounts Receivable contact   Phone#:					
Phone#:	Vendors				
Fax #:	V CHOOLS				
Approval					
Approval					
Signature required  For Administration Use Only  Date Received  Airtrak Customer #		11.	QAF Sales Representative		_
Signature required  For Administration Use Only  Date Received  Airtrak Customer #					
Por Administration Use Only  Date Received  Airtrak Customer #		Ap	provalDated		
Airtrak Customer #			Signature required	For Administ	ration Use Only
Airtrak Customer #				Date Received	
Bill to #				Bill to #	
n #18 02.17.06 Admin Asst. Signature Date	m #18 02.17	7.06		Admin Asst. Signature	 Date