

## Summit Aviation, Inc. - Customer Setup Request

**NEW – Customer's Tax Exempt Certificate Now Required for NON-Delaware Customers, excludes those for whom maintenance work is performed at Summit, providing nothing is shipped out of state.**

Customer Name / Business Name

Billing Address	City, State	Zip
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Ship To Address	City, State	Zip
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Contact Name	Contact Phone No.
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Alt. Contact Phone No.	Fax No.	Contact Email Address
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Accounts Payable Contact Name	Accounts Payable Phone No.	Accounts Payable Contact Email Address
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A/C "N" No.	A/C "SN" No.	Web Page Address
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Does Customer Require other than the standard? If so, indicate markup for: parts, freight, and services (separately), in order for the correct pricing king to be created:

Parts	Freight	Services
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Special Billing/Handling instructions and/or comments: \_\_\_\_\_

Summit's payments terms have been discussed the Customer, and they agree as follows: (Check 1. or 2.)

1.) to pay in full prior to A/C and/or services delivery via cash, check, or credit card; or

2.) to complete the application process for a terms account with Summit—[can take upward of three weeks to complete.]

Submitted by _____	Date _____
<b>(Please do not submit this form until all above questions and information have been completed)</b>	

**FOR ACCOUNTING USE ONLY:**

- |                          |                             |                      |
|--------------------------|-----------------------------|----------------------|
| <input type="checkbox"/> | Credit Application Mailed   | Date E-Mailed: _____ |
| <input type="checkbox"/> | Credit Application Received | Date Received: _____ |
| <input type="checkbox"/> | Credit Application Approved | Date Approved: _____ |
| <input type="checkbox"/> | Customer Letter Mailed:     | Date E-Mailed: _____ |

Set Up In Computer By _____	Number Assigned _____	Date Assigned _____
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