

THIS FORM IS REQUIRED TO SETUP A PARTNER AS A VENDOR AND/OR CUSTOMER IN OUR DATABASE

**Starred items are required. Missing information will delay registration.*

		What	t type of Business Partner?	
PRIMARY COMPANY	ADDRESS	Custome	Customer (Purchasing from ASNA)	
COMPANY NAME:		Supplier (W9 is required)		
ADDRESS:	CITY:	STATE:	ZIP:	
PHONE:	FAX:	WEBSITE:		
SERVICE DISPATCH II		<i>applicable for contractor</i> <i>ntenance and repair serv</i>		
*SERVICE COVERAGE AREA/R	EGION:			
*PREFERRED DISPATCH METH	HOD (E.G. EMAIL, PHONE, ETC.)			
DISPATCH CONTACT INFO:		PRIMARY SERVICE CONTA	ACT:	
SERVICE RATE (HOURLY): \$				
ADDITIONAL SERVICE CHARC	GES (PLEASE ATTACH RATE SCH	iedule if available):		



BILL-TO INFORMATION

COMPANY NAME:

MAILING ADDRESS:	CITY:	STATE:	ZIP:	
*ACCOUNTING PRIMARY CONTACT:		*ACCOUNTING PHONE:		
*PREFERRED BILLING METHOD (E.G. EMAIL, PHONE, ETC.)				
ALT PHONE:	BILL-TO:			

DEFAULT SHIP-TO ADDRESS (IF DIFFERENT THAN BILL-TO)

ADDRESSEE:	PHONE:	
CITY:	STATE:	ZIP:

LEGAL NAME:

PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT EXISTING ADDRESS):

CITY:

STATE:

ZIP:

PHONE:

*YEAR BUSINESS BEGAN:

OF EMPLOYEES:

Phone. 855-874-5380 email. ASNBilling@air-sys.com helpdesk. https://support.airsysnorthamerica.com web. www.airsysnorthamerica.com



*TYPE OF BUSINESS:	CORPORATION	PARTNERSHIP	SOLE PROPRIETOR:
NAME:		S	SOCIAL SECURITY #:
*FEDERAL TAX ID:		DUNS #:	
TAX EXEMPT?		(PLEASE PROVIDE CERTIFICATE)	*REQUESTED TERMS:
*REQUESTED CREDIT	AMOUNT: \$	*AMOUNT OF ESTIMATED ANNUAL SALES: \$	

TERMS OF SALE, INCLUDING TERMS OF PAYMENT AND CHARGES, FOR EACH PURCHASE ARE AGREED TO BE THOSE SPECIFIED ON THE FACE OF EACH INVOICE. THE ABOVE INFORMATION IS WILLINGLY SUPPLIED AND THE CREDITOR IS AUTHORIZED TO CONTACT THE ABOVE BANK AND TRADE REFERENES IN ORDER TO ESTABLISH THE CREDIT WORTHINESS OF THE ABOVE NAMED COMPANY, THE CREDITOR IS AUTHORIZED TO OBTAIN CREDIT REPORTS ON THE COMPANY SHOULD A CREDIT AVAILABILITY BE GRANTED BY THE CREDITOR, ALL DECISIONS WITH RESPECT TO THE EXTENSION OF CONTINUATION SHALL BE IN THE SOLE DISCRETION OF THE CREDITOR. IN ADDITION, FOR PARTNERSHIPS AND SOLE PROPRIETORS ONLY. THE CREDITOR IS AUTHORIZED TO OBTAIN CREDIT REPORTS ON THE PROPRIETORS, PARTNERS, OR PRINCIPLES SHOULD A CREDIT AVAILABILITY BE GRANTED BY THE CREDITOR, ALL DECISIONS WITH RESPECT TO THE EXTENSION OF CONTINUATION SHALL BE IN THE SOLE DISCRETION OF THE CREDITOR. THE CREDITOR, AT ITS SOLE DISCRETION, MAY TERMINATE CREDIT OR CHANGE TERMS WITHOUT NOTIFICATION TO THE CUSTOMER.



*BY SIGNING THIS FORM, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS, AND HEREBY AGREE TO THEM.

NAME:

TITLE:

SIGNATURE:

DATE:

PLEASE ATTACH A COPY OF YOUR SIGNED AND DATED W9 FORM IF YOU ARE TO BE SETUP AS A SUPPLIER WHO RECEIVES PAYMENTS FROM AIRSYS NORTH AMERICA.

SUBMIT ALL COMPLETED NEW PARTNER REGISTRATION FORMS TO: ASNBILLING@AIR-SYS.COM