



VENDOR ACCOUNT

- SETUP / CHANGE
 NEW / UPDATE

BUSINESS CONTACT INFORMATION		
Company Name:		
Address:		
City:	State:	Zip Code:
ACCOUNTING CONTACT INFORMATION		
Name:	Title:	
Email:		
Phone No:		
Federal Tax I.D. or VAT#: (Please attach corresponding form – W9 (Domestic) or W8-BEN (International))		
PAYMENT METHODS		
<input type="checkbox"/> CREDIT TERMS – NET 30 (CROSS CHECK AVIATION PARTS LLC PREFERRED METHOD - PLEASE SEE ATTACHED REFERENCES AND DETERMINE CREDITWORTHINESS WHERE APPLICABLE)		
<input type="checkbox"/> CHECK (PROVIDE REMITTANCE ADDRESS IF DIFFERENT FROM ABOVE)		
Address:		
City:	State:	Zip Code:
<input type="checkbox"/> ACH	ABA #: _____ Account #: _____	
<input type="checkbox"/> Wire Transfer	ABA #: _____ Account #: _____ Swift #: _____ If so, will there be a fee applied? _____ How much? \$ _____	
<input type="checkbox"/> CREDIT CARD	(PROVIDE PROCESSING FORM)	
<input type="checkbox"/> COD or COD CERTIFIED		