



AIR POWER, INC.

P.O. BOX 544
MABELVALE, ARKANSAS 72103-0544
A/C 501-455-6116
FAX 501-455-5504

11000 EAST OTTER CREEK BLVD.
MABELVALE, ARKANSAS 72103

Instructions: Print this form, fill it out by hand, and fax it back to Air Power, Inc. at (501) 455-5504.

Customer warrants that the following information is accurate and complete: (Please attach additional sheets as needed)			
Name of Customer (Legal Name)		EIN/SSN	
Trade Name			
Mailing Address	City	State	Zip
Shipping Address	City	State	Zip
Phone Number		Fax Number	
Contact Person – Position		Duns #	

BUSINESS FACTS:

<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Corporation
Formed/Incorporated under state laws of:			
Date of formation, incorporation or partnership:			
Is business a subsidiary or franchise? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, name a parent of franchisor?			
It's address:			
Length of time of present ownership:			
Previous Customer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Under what name?			

BANKING

Name of Account	Account Number	Bank Officer
Bank Name	Phone Number	
Mailing Address	City	State Zip

TRADE REFERENCES

Name	Address	Phone

SALES TAX EXEMPTION: Customer will be charged the applicable sales tax purchases unless Customer submits a valid resale certificate

CREDIT TERMS: Our terms are Net 30. By signing this form you are agreeing to pay within these terms.