



Company Profile

COMPANY NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TAX ID: _____

CONTACT NAME: _____ PHONE: _____

ACCOUNT RECEIVABLE CONTACT: _____ PHONE: _____

EMAIL: _____

REMIT TO ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Wire/ACH Payment Information

BANK NAME: _____

BANK ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTRY: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

IBAN/SWIFT CODE: _____

TYPE OF ACCOUNT: _____

NAME OF BENEFICIARY BANK ACCOUNT*: _____

*If applicable

REQUESTED TERMS: _____

SALES TAX / RESALE CERTIFICATION NEEDED: YES NO

IF YES, WHICH STATE: _____ *If multiple states needed, enter manually, separating with commas.*

VENDOR EMAIL ADDRESS*: _____

*Required for remittance notifications

**** EMAIL COMPLETED FORM TO
AMERIFLIGHTAP@AMERIFLIGHT.COM,
CC SLARKIN@AMERIFLIGHT.COM ****