Customer Record

Date Month_____Day____ ____ Year 20____

Name of business:_____
Also doing business as:_____
Name of person contacted:_____
Title:_____
Account number:_____
Contract number:_____
How long in business?:_____

Address Information

Physical	Mailing (if different than physical address)
Address 1:_____	Address 1:_____
Address 2:_____	Address 2:_____
City:_____	City:_____
State/Prov.:_____	State/Prov.:_____
Postal Code:_____	Postal Code:_____
Country:_____	

Contact Information
Physical location phone number: (___ ___ ___)_____
Physical contact phone number: (___ ___ ___)_____
Emergency phone number: (___ ___ ___)_____
Facsimile number: (___ ___ ___)_____

E-mail address:_____
Web Address:_____

Verifier's Information
Person verifying above information:_____
Title:_____
Air Carrier or Indirect Air Carrier:_____
Phone:_____
E-mail:_____

This is to certify that the above information has been verified in accordance with FAA guidelines.

Signature of verifier:_____

Signature of shipper:_____