

Aerospace Training Solutions
1944 E. Sky Harbor Circle
M/S 2101-2H
Phoenix, Arizona 85034
602.365.2833 Office
602.365.2832 Fax

**CUSTOMER PROFILE/
 PAYMENT GUARANTEE**



IMPORTANT NOTES:

- * If your company is not set up with billable terms, payment **MUST** be received prior to the course start date. If you would like to be set up with terms, a credit application is required.
- * If your company has net terms, an invoice will be generated on the course end date.

CUSTOMER INFORMATION

Company Name:			
Contact Name:		Contact Phone:	
Contact Email:			
Billing Address:	Billing City, State, Zip:		
	Billing Country:		

CUSTOMER CATEGORY

(Pick **ONE**.)

<input type="checkbox"/> Original Equipment Manufacturer	<input type="checkbox"/> Commercial Airline	<input type="checkbox"/> Honeywell Authorized Service or Repair Center
<input type="checkbox"/> Military	<input type="checkbox"/> Government (non-military)	<input type="checkbox"/> General Aviation/Agriculture
<input type="checkbox"/> Owner/Operator	<input type="checkbox"/> Regional Airline	<input type="checkbox"/> Other (Please specify: _____)
Type of Aircraft and Serial Number: _____		
Month and Year of Purchase: _____ <input type="checkbox"/> New <input type="checkbox"/> Used		

STUDENT INFORMATION

Student Name:			
Student Email:		Student Phone:	
Class Title:			
Class Date:		Tuition Fee:	

PAYMENT OPTIONS

➤ **Purchase Order**

Please provide number: _____

➤ **Credit Card (Preferred Method)**

Type of Card:	AmEx	Visa	MC	Exact Name on Card:	
Card Number:				Exact Billing Address of Card:	
Card Expiration Date:				City, State, Zip:	

➤ **Wire Transfer**

Funds Transfer Service	ABA #: 021-0000-21
Chase Manhattan Bank	SWIFT: CHASUS33
4 New York Plaza, 15th Floor	ACCT#: 910-2-558757
New York, NY 10004	

If paying by wire transfer, please remit the invoice amount plus a wire transfer fee of \$25.

PRINTED NAME: _____ **SIGNATURE:** _____ **DATE:** _____

This form must be signed by a designated senior official that will attest to its accuracy.