



Easy, Fast & Fun!

# egg products

## Airigan Solutions, LLC Customer Set Up Form

Customer Information	
*Business Name	
URL	
*Billing Address	
Address 2	
*Zip	
City, State	
Country	
*Telephone	
Fax	

Primary Contact <small>(who Airigan would contact with questions on PO's)</small>	
*Name	
*Telephone	
Fax	
*Email Address	

Shipping Contact <small>(who Airigan would contact with logistic questions)</small>	
Name	
Telephone	
Email Address	

Primary Shipping Address	
Address 2	
Zip	
City, State	
Country	

Accounting Payable Contact <small>(Who Airigan would contact to collect payment)</small>	
*Name	
*Telephone	
Fax	
*Email Address	

Requested Shipping Terms	
Requested Payment Terms	

Perfered method to receive invoice*	
<input type="radio"/> Email	_____
<input type="radio"/> Fax	
<input type="radio"/> Post	
	<small>Specify remittance address/number</small>

\* Required Field: must be completed before submitting to accounting for approval.