



BUSINESS INFORMATION REQUEST FORM

Business Name:	
Payment Name if Different Than Business Name:	

ADDRESS INFORMATION

REMITTING	Address:			
	City/Town:		State/Province:	
	Zip:		Country:	
	Contact Name:		Title:	
	Phone Number:		Fax Number:	
	Email Address:			
	Payment Terms:			
	ABN# (Australian vendors only):			

ORDERING	Check if same as above	<input type="checkbox"/>			
	Address:				
	City/Town:		State/Province:		
	Zip:		Country:		
	Contact Name:		Title:		
	Phone Number:		Fax Number:		
	Email Address:				
	Payment Terms:				

Please attach additional pages if you have more than one remitting and/or ordering address

OTHER INFORMATION

FOB Point:		Order Minimum:	
Are Price Breaks Available:		Line Minimum:	

REPAIR STATIONS

FAA Repair Certificate Number:	
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For Hawaiian Airlines Internal Use Only

Name of Director or Above	Title	Signature	Date
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