



## BUSINESS INFORMATION REQUEST FORM

<b>Business Name:</b>	
<b>Payment Name if Different Than Business Name:</b>	

### ADDRESS INFORMATION

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

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

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

### OTHER INFORMATION

<b>FOB Point:</b>		<b>Order Minimum:</b>	
<b>Are Price Breaks Available:</b>		<b>Line Minimum:</b>	

### REPAIR STATIONS

<b>FAA Repair Certificate Number:</b>	
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*For Hawaiian Airlines Internal Use Only*

<b>Name of Director or Above</b>	<b>Title</b>	<b>Signature</b>	<b>Date</b>
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