



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:	
---------------------------------------	--

For Hawaiian Airlines Internal Use Only

Name of Director or Above	Title	Signature	Date
----------------------------------	--------------	------------------	-------------