

Customer Application

Company Information

Company Name: _____ Tax ID #: _____

Website: _____ Phone: _____ Fax: _____

Airport: Name: _____ Identifier: _____

Shipping Address: Street: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Billing Address: Street: _____

City: _____ State: _____

Postal Code: _____ Country: _____

Contact Information

President/CEO Name: _____ Direct Phone: _____

Email: _____ Should receive price list? Yes No

Sales Name: _____ Direct Phone: _____

Email: _____ Should receive price list? Yes No

This name will be listed on the Sandel website and used for referrals as a contact for customers.

Avionics Mgr Name: _____ Direct Phone: _____

Email: _____ Should receive price list? Yes No

Accounting Name: _____ Direct Phone: _____

Email: _____ Should receive price list? Yes No

Purchasing Name: _____ Direct Phone: _____

Email: _____ Should receive price list? Yes No

Marketing Name: _____ Direct Phone: _____

Email: _____ Should receive price list? Yes No

Quality Name: _____ Direct Phone: _____

Email: _____ Should receive price list? Yes No

This should be the person responsible for receiving Service Bulletins and Service Information Letters

Business Activities

Type of business? (Check all that apply)

Avionics Install Avionics Repair STCs FBO

Part 23 Fixed Wing Part 25 Fixed Wing Part 27 Rotorcraft Part 29 Rotorcraft Homebuilt

Military Fixed Wing Military Rotorcraft



General Information

This application is sent for the purpose of:

Applying as: New Dealer OEM Military Contractor Representative
 Updating Company Information Sandel Account Number: _____
 Other _____

Year Business Started: _____

Annual Revenue: \$ _____

Shop Labor Rates: Install: \$ _____ per _____ Bench: \$ _____ per _____

AEA Member? Yes No

FAA Air Agency Certificate or Equivalent Repair Station Number _____

Repair Station Rating: Class: 1 2 3 Limited / Other

***Attach a copy of your FAA Air Agency Certificate or Equivalent Repair Station Certificate (Required for Dealer status consideration)**

Number of Employees _____
Number of Bench Repair Technicians _____
Number of Airframe Mechanics _____
Number of Installation Technicians _____
Number of Engineers (DER, DAR, DMIR or other) _____

How did you hear about Sandel Avionics? _____

Why would you like to become a Sandel Dealer/Representative? _____

Are you interested in co-marketing efforts such as cobranded eblasts, cobranded marketing materials, cobranded webpage, etc? Yes No

Applicant Approval

Signed this _____ day of _____, 20_____

Application Completed By (signature) (Print Name) (Title)

Company Officer (signature) (Print Name) (Title)

For Sandel Use

Date Application Received: _____ Acct# _____

Application Reviewed By (signature) (Print Name) (Title)

Application Approved By (signature) (Print Name) (Title)