

New Client Profile Form

Client Information

Company Name: _____ Email: _____

Primary Contact: _____ Email: _____

Tax ID: _____ Years in Business: _____

Billing Contact: _____ Phone: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Shipping Contact: _____ Phone: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Report Delivery Preference

Email

Web

Both

Technician Information

Name: _____ Email: _____

Name: _____ Email: _____

Name: _____ Email: _____

SanAir's current full [Terms and Conditions](#) for services are available on the home page of the website and by email request to sales@sanair.com. By executing this form, you agree that you have read, understood, and agree to be bound by all such Terms and Conditions. In the event that anything in this form contradicts the full Terms and Conditions, the full Terms and Conditions shall control.

Signature

Date

Printed/Type Name

Title

Please return completed forms to sales@sanair.com or mail to the address below.