

Airwell-Fedders Customer Profile Form

PLEASE COMPLETE AND EMAIL TO Financial.Services@Airwell-Fedders.com or FAX TO: 609-662-5302

Company Name:		Date:	
Billing Address:			
City:	County:	State:	Zip:
Shipping Address:			
City:	County:	State:	Zip:

Contact Information

Buyer/Purchasing	
Contact:	Phone Number:
Fax Number:	E-mail Address:
A/P	
Contact:	Phone Number:
Fax Number:	E-mail Address:
Marketing	
Contact:	Phone Number:
Fax Number:	E-mail Address:

Product Line(s)

Room Air Conditioning – Window, Through the Wall, Portable A/C's	<input type="checkbox"/>
Unitary Line – CDU, HP, Furnaces, AHU, Coils, Package Units	<input type="checkbox"/>
Replacement Parts	<input type="checkbox"/>

Warranty Service

Product Lines Serviced:	
Room Air Conditioning – Window, Through the Wall, Portable A/C's	<input type="checkbox"/>
CDU, HP, Furnaces, AHU, Coils, Package Units	<input type="checkbox"/>

INTERNAL USE ONLY

Rep Agency:	Salesperson:
Account Number:	Customer Type:
Region:	D&B Rating:
Payment Terms:	Credit Limit:

Sales Manager/Date

Credit Manager/Date

Service Manager/Date

General Manager/Date