



JET SUPPORT SERVICES, INC.

jetsupport.com

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Domestic Vendor Set-Up & Contact Information

Note: Form must be filled out in full to be processed.

Primary Contact information

Company Name _____

FEIN Number _____

Contact Person _____

Contact E-Mail Address _____

Phone _____

Contact Fax Number _____

Address 1 _____

Address 2 _____

City, State Zip Code _____

Country _____

Currency _____

Payment Terms _____

Is vendor also a customer? _____

If Yes, provide JSSI Contract Number(s) _____

Vendor Banking Information (For ACH/Wire Payments)

Bank Name _____

Account Number _____

ABA Number _____

Account Type (checking or savings) _____

Payment Notification Method Enter Fax Number OR E-Mail Address _____

Remit To Information (for check payments)

Company Name _____

Contact Person _____

Contact E-Mail Address _____

Phone _____

Contact Fax Number _____

Address 1 _____

Address 2 _____

City, State Zip Code _____

Country _____

Currency _____

Tech Department: Originator: _____

Date: _____

Accounting: Vendor Number: _____

Date Added: _____

Created By: _____