

**Air and Ground Aviation Limited**

**CUSTOMER EVALUATION**

To enable us to update our internal records and seek further business opportunities, we would as a Customer Service Team appreciate your time in completing our questionnaire and returning either by fax or post, at your earliest convenience.

Thank you in anticipation.

FAO: Customer Service Manager

Clair Pye (Mrs.)  
Air & Ground Aviation Ltd  
Aviation House  
London Road  
Shirleywich  
Staffordshire

ST18 0PN

Alternatively

FAO :Deputy Customer Service Manager  
Karen Stewart (Miss)

[Karen.stewart@airandground.com](mailto:Karen.stewart@airandground.com)

Fax: 01889 270756

Email: [Clair.Pye@airandground.com](mailto:Clair.Pye@airandground.com)

Thank you for your assistance in this matter.

Company Name:

Company Address:

Delivery Address if Different:

Post Code:

Country:

Switchboard Telephone No :

Switchboard Facsimile No :

Main Company E-Mail Address:

Company Website Address:

**Classification of Customer (Please 'X' those applicable)**

Manufacturer	<input type="checkbox"/>	Repair / Overhaul Facility	<input type="checkbox"/>	Operator	<input type="checkbox"/>
Parts Stockist	<input type="checkbox"/>	Parts Broker	<input type="checkbox"/>	Authorized Distributor	<input type="checkbox"/>
Specialised Services / Processes	<input type="checkbox"/>	Calibration Services	<input type="checkbox"/>	Other: Please State	<input type="checkbox"/>

Which Aircraft Types does your Company support / operate? (please state)	Please Advise your Main Trading Countries (Country of end use) (Internal Information Only)	Is your Company ISO 9002 compliant or Equivalent (please tick) If yes, please supply copy of Certificate			
1	1	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2	2				
3	3	<b>Please confirm details of your preferred carrier:</b>			
4	4	Eg: FedEx / UPS / ANC / DHL			
5	5	Other (please specify):			
6	6				
7	7				
8	8	Your Account Number:			
9	9	Tel. Number:			
10	10	Fax. Number:			

<b>VAT Registration Number:</b>				
<b>End User Number:</b>				
<b>Please enter details of your company representatives below:</b>				
<b>Full Name:</b>	<b>Title / Department</b>	<b>Tel. Number</b>	<b>Fax Number</b>	<b>E-Mail Address</b>

Additional Information :

*AGA Internal Notes:*

*Information Logged / Entered On Internal System*

*Initials:*

*Date:*