**LAX Customer Contact Form**

**Date:** Click or tap to enter a date.

**Name of LAX Customer:**

**Contact for LAX Customer**

Full Name:

Title:

Phone Number:

Email Address:

**Alternate Contact (If available)**

Full Name:

Title:

Phone Number:

Email Address:

**Name of Service Provider Selected by LAX Customer:**

**Start & End Date of Contract Term:** Click or tap to enter a date. to Click or tap to enter a date.

**List of Services Performed by Service Provider (check all that apply):**

[ ]  Aircraft Food Services [ ]  Aircraft Line Maintenance [ ]  Airfield Transportation

[ ]  Baggage Management [ ]  Cargo Handling [ ]  Into-Plane Fueling

[ ]  Ramp [ ]  Security [ ]  Wheelchair Services

[ ]  Aircraft Cabin Cleaning [ ]  Cargo Screening [ ] Terminal

**List of Locations where services are performed:**

[ ]  T1 [ ]  T2 [ ]  T3 [ ]  T4 [ ]  T5 [ ]  T6 [ ]  T7 [ ]  T8 [ ]  TBIT [ ]  Cargo [ ]  Other

**Describe “Other” Locations:**

**Will the service provider require any of the following:**

Pedestrian Access to Airport Operations Area (airfield) [ ]  Yes [ ]  No

Vehicle Access to Access to Airport Operations Area (airfield) [ ]  Yes [ ]  No

Tools and/or Equipment [ ]  Yes [ ]  No

**List personnel with authority to sign/execute contracts:**

Name:      Phone Number:      Email Address:

Name:      Phone Number:      Email Address:

Name:      Phone Number:      Email Address:

I Certify the information above is true and correct:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_