**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_