



March Inland Port Airport Authority
NON-EXCLUSIVE VENDOR PERMIT
CONTACT INFORMATION



BUSINESS INFORMATION

Corporate (or Legal) Name of Company: _____

Business Name (dba): _____

Corporate Contact: _____

Mailing Address: _____

Billing Contact: _____

Billing Address: _____

OPERATIONAL INFORMATION

Start Date: _____

Description of service(s) to be provided: _____

Leasing/Subleasing Space? Yes / No From: _____

List all companies, air carriers, and/or military for whom contract services will be provided: _____

List facilities/areas on MIPAA property, including leased premises, where access is required to conduct business: _____

CONTACT INFORMATION (Designated contact)

Contact Name: _____ Title _____

Mailing Address: _____

Phone: () _____ FAX: () _____ E-mail: _____

(Please attach any other relevant information related to your company or its operations. Thank you.)