

Client Registration Form

Company Details:	
Customer Name	
Registered Office Address	
Invoice Address (if different)	
Telephone Number (incl. code)	
Fax Number	
SITA Address	
Company Website	
Company Registration Number (Please attach a copy of company trade licence or certificate of incorporation)	
VAT / IVA / TVA Number	
Country of Incorporation	
Number of Years in Business	
Company Ownership Details (Shareholders, parent company etc.) (Please attach separate sheet if required)	
Commercial Department:	
Contact Name	
Contact Position	

Telephone Number	
Fax Number	
E-mail Address	
Accounts/Finance Department:	
Contact Name-01	
Telephone Number-01	
Fax Number-01	
E-Mail ID-01	
Contact Name-02	
Telephone Number-02	
Fax Number-02	
E-Mail ID-02	
Operational Details:	
Type of Operation (Scheduled, Cargo, Military, Corporate, Broker etc.)	
Known Fleet Information	
Typical Destinations Served	
Major Alliances, Contracts and Partners	
Any Other Known Key Suppliers	
Financial/Administrative Details:	
Name of the Auditor	

Date of Most Recent Audited Accounts Available	
---	--

Intended Services:

Service Type:	Yes / No	Average Monthly Turnover in USD
----------------------	-----------------	--

Permits		
----------------	--	--

Handling		
-----------------	--	--

Fuel		
-------------	--	--

Flight Planning		
------------------------	--	--

Other (Please Specify)		
-------------------------------	--	--

Intended Monthly Spend in USD	
--------------------------------------	--

Payment Details:

Payment Terms: Cash / Credit

If Credit: Credit Limit & No. of Credit Days:
--

Security: Bank Guarantee / Deposit / Others (pl specify)

Mode of Invoice Delivery. Please tick or mark "Yes":

Original Invoice through post	
--------------------------------------	--

Electronic Invoice through email	
---	--

Please mention email ids for electronic invoices	
---	--

Trade References:

Company Name-01	
------------------------	--

Contact Person-01	
--------------------------	--

Telephone Number-01	
----------------------------	--

Fax Number-01	
----------------------	--

E-Mail ID-01	
---------------------	--

Company Name-02	
Contact Person-02	
Telephone Number-02	
Fax Number-02	
E-Mail ID-02	

Bank Reference:

Bank Name:	
Address/Branch:	
Account Number:	
Contact Person:	
Telephone Number:	
Fax Number:	
E-Mail:	

Checklist of required documents. Please tick against each form.

Particulars	Yes / No	Date of the Document
Company Certificate of Incorporation or Trade Licence		
Audited Financial Report		
Signed Agreement		

A current financial statement is required for our confidential files. The information provided to Skyblue Aero on this application by the applicant(s) and any other information provided to Skyblue Aero, including any financial statements is warranted to be accurate, complete and true and shall be the property of Skyblue Aero. Skyblue Aero is authorized to investigate the applicant(s) credit history and to ask questions about its credit experience with the trade references. The applicant(s) hereby certifies and warrants that any credit extended as a result of this application will be used solely for business purposes and will not be used for personal, family or household purposes.

Signature of Owner, Officer or Authorized Representative

Print name and title

Date

Company Seal