

Toll Free: 888-885-3939

Charter Sales: 888-999-1955

E-mail: account@alexcinallc.com

Company Name _____ Website _____

Office Address _____ Home base airport _____

City: _____ State _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Billing Address: _____

City: _____ State _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____

Type of Incorporation: _____ State: _____ Year in business: _____

Registration # _____ Fed ID # _____ VAT/IVA/TVA: _____

Principal/ Parent company: _____ Website: _____

Primery Business: _____

Ticker Symbol: _____ Annual Revenues (US Dollars) _____ No.of Employees: _____

1)- Please indicate if the company is subject to any tax exemptions

2)- If the company is privately held please include interim and last fiscal year's balance sheet and income statement (for fuel only)

Primary Flight Department Contact:

Name: _____
Title: _____
e-mail: _____
Phone: _____
Fax: _____

Primary Finance Department Contact:

Name: _____
Title: _____
e-mail: _____
Phone: _____
Fax: _____

Bank Reference:

Bank: _____ Account # _____ Length of Relation: _____

ASIA

AUSTRALIA

AFRICA

EUROPE

MIDDLE EAST