Account application form.

Dear Customer!

Welcome you as a new client of “Global Transport Services FZE” and kindly ask you to provide the following information about your company.

Please, complete this form, sign and e-mail it back to nr@gts-aero.ae

|  |  |
| --- | --- |
| Company name |  |
| Trade License or/and incorporation registration number |  |
| Date of incorporation |  |
| Country of incorporation |  |
| Type of business |  |
| Geographic business area |  |
| Principal owners |  |
| Web site |  |
| Office address |  |
| Postal address |  |
| Office telephone number |  |
| Office fax number |  |
| E-mail |  |
| SITA |  |
| AFTN |  |
| Other details |  |
| Primary contact |
| Full name |  |
| Title |  |
| Mobile |  |
| E-mail |  |
| Other details |  |
|  Accountant contact |
| Full name |  |
| Title |  |
| Mobile |  |
| E-mail |  |
| Other details |  |
| Operations contact |
| Full name |  |
| Title |  |
| Mobile |  |
| E-mail |  |
| Other details |  |
| Other contact |
| Department |  |
| Title |  |
| Mobile |  |
| E-mail |  |
| Other details |  |
|  |  |
| Fleet details |
| Aircraft types, MTOW |  |
| Aircraft registration numbers |  |
|  |  |
| Bank details |  |
|  |  |
| Credit card details |
| Card type |  |
| Card number |  |
| Expiry date |  |
| Name as it is mentioned on card |  |
|  |  |
| Trade references |
| 1 |
| Company name |  |
| Office address |  |
| Contact person |  |
| Title |  |
| Tel. number |  |
| E-mail |  |
| Other details |  |
| 2 |
| Company name |  |
| Office address |  |
| Contact person |  |
| Title |  |
| Tel. number |  |
| E-mail |  |
| Other details |  |
| 3 |
| Company name |  |
| Office address |  |
| Contact person |  |
| Title |  |
| Tel. number |  |
| E-mail |  |
| Other details |  |
|  |  |
| Credit information |
| Amount on credit desired, USD |  |
| Credit period  | 14 days after invoice issuance |
|  |  |
| Acceptance of terms and conditions |
| 1. The applicant certifies that the provided information is true, correct and obliges to inform the “Global Transport Services FZE” (GTS) in a timely manner about any changes in ownership, addresses, bank details, contacts, etc.
2. The applicant agrees that GTS can apply to the references mentioned in this application form or to any other trade organization, reporting agency to check the financial position and credit history of the applicant.
 |
|  |  |
| Date |  |
| Full name |  |
| Title  |  |
| Signature |  |
| Stamp |  |
|  |  |