



## Customer Form

### COMPANY INFORMATION

|                   |                               |
|-------------------|-------------------------------|
| Company Name      | Type of Incorporation         |
| Company Website   | State of Incorporation        |
| Office Address    | Years in Business             |
| Home Base Airport | Registration Number           |
| City              | Fed ID Number (if applicable) |
| State             | VAT/IVA/TVA #                 |
| Zip/Postal Code   | Principal/Parent Company      |
| Country           | Website                       |
| Phone Number      | Primary Business              |
| Fax Number        |                               |

|               |                                  |                     |
|---------------|----------------------------------|---------------------|
| Ticker Symbol | Annual Revenues (US Dollars/ZAR) | Number 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

### CONTACT INFORMATION

#### Primary Flight Department Contact:

#### Primary Finance Department Contact:

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

### BANK REFERENCE

|                 |            |                        |          |
|-----------------|------------|------------------------|----------|
| Bank:           | Account #: | Length of Relationship |          |
| Account Officer | Phone:     | e-mail:                |          |
| City:           | State      | Zip / Postal Code      | Country: |

### CREDIT REFERENCE

|               |  |                   |          |
|---------------|--|-------------------|----------|
| Company:      | Credit Line or Loan Amount (US Dollars / ZAR): |                   |          |
| Contact Name: | Phone:   | e-mail:           |          |
| City:         | State  | Zip / Postal Code | Country: |

### TRADE REFERENCE 1

|               |                        |                   |          |
|---------------|------------------------|-------------------|----------|
| Company:      | Length of Relationship |                   |          |
| Contact Name: | Phone:                 | e-mail:           |          |
| City:         | State                  | Zip / Postal Code | Country: |

### TRADE REFERENCE 2

|               |                        |                   |          |
|---------------|------------------------|-------------------|----------|
| Company:      | Length of Relationship |                   |          |
| Contact Name: | Phone:                 | e-mail:           |          |
| City:         | State                  | Zip / Postal Code | Country: |

