



A V I A T I O N
S E R V I C E S M A N A G E M E N T

CLIENT PROFILE

COMPANY DETAILS

Customer Name	
Registered Office Address	
Operational Base (if different)	
Invoice Address (if different)	
Telephone No. (incl. code)	
Fax No.	
SITA Address	
Company Website	
Company Registration Number <i>(Please attach a copy of company trade licence or certificate of incorporation)</i>	
VAT / IVA / TVA Number	
Country of Incorporation	
Number of Years in Business	
Company Ownership Details <i>Shareholders, parent company etc. (Please attach separate sheet if required)</i>	



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COMMERCIAL DEPARTMENT

Commercial Contact Name	
Contact Position	
Alternative Tel. No.	
Alternative Fax No.	
Email Address	

ACCOUNTS / FINANCE DEPARTMENT

Accounts Contact Name 01	
Accounts Tel. No. 01	
Accounts Fax No. 01	
Accounts Email Address 01	
Accounts Contact Name 02	
Accounts Tel. No. 02	
Accounts Fax No. 02	
Accounts Email Address 02	

OPERATIONAL DETAILS

Type of Operation <i>(Scheduled, Cargo, Military, Corporate, Broker etc.)</i>	
Known Fleet Information	
Owners of Fleet & Leasing Information	
Typical Destinations Served	
Major Alliances, Contracts and Partners	
Any Other Known Key Suppliers	



AVIATION
SERVICES MANAGEMENT

CLIENT PROFILE

FINANCIAL / ADMINISTRATIVE DETAILS

Name of the Auditor	
Date of Most Recent Audited Accounts Available	

INTENDED SERVICES THROUGH ASM

Service Type	Yes / No	Average Monthly Turnover in USD
Permits	<input type="radio"/> Yes <input type="radio"/> No	
Handling	<input type="radio"/> Yes <input type="radio"/> No	
Fuel	<input type="radio"/> Yes <input type="radio"/> No	
Flight Planning	<input type="radio"/> Yes <input type="radio"/> No	
Others (Please Specify)		
Intended Monthly Spend in USD		

PAYMENT DETAILS

Payment Terms	<input type="radio"/> Cash	<input type="radio"/> Credit
If Credit: Credit Limit	No. of Credit Days:	
Security: Bank Guarantee / Deposit / Others		

MODE OF INVOICE DELIVERY

Original invoice through post	<input type="radio"/> Yes	<input type="radio"/> No
Electronic invoice through email	<input type="radio"/> Yes	<input type="radio"/> No
Please input email addresses for electronic invoices		



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TRADE REFERENCES

Company Name 01	
Contact Person 01	
Telephone No. 01	
Fax No. 01	
Email Address 01	
Company Name 02	
Contact Person 02	
Telephone No. 02	
Fax No. 02	
Email Address 02	
Company Name 03	
Contact Person 03	
Telephone No. 03	
Fax No. 03	
Email Address 03	

BANK REFERENCE

Bank Name	
Address / Branch	
Account No.	
Contact Person	
Telephone No.	
Fax No.	
Email Address	



AVIATION
SERVICES MANAGEMENT

CLIENT PROFILE

CHECK LIST OF REQUIRED DOCUMENTS

Particulars	Yes / No	Date of Document
Company Certificate of Incorporation or Trade Licence	<input type="radio"/> <input type="radio"/>	
Audited Financial Report	<input type="radio"/> <input type="radio"/>	
Signed Agreement	<input type="radio"/> <input type="radio"/>	
Passport Copy of the Owner <i>(Only for UAE based clients)</i>	<input type="radio"/> <input type="radio"/>	

A current financial statement is required for our confidential files. The information provided to Aviation Services Management FZE on this application by the applicant(s) and any other information provided to Aviation Services Management FZE, including any financial statements is warranted to be accurate, complete and true and shall be the property of Aviation Services Management FZE. Aviation Services Management FZE is authorized to investigate the applicant(s) credit and employment history and to answer questions about its credit experience with the applicant(s). 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