

# CLIENT PROFILE



## Company Details

Customer Name: \_\_\_\_\_

Registered Office Address \_\_\_\_\_ Operational Address (if different) \_\_\_\_\_ Invoice Address (if different) \_\_\_\_\_

Company Website \_\_\_\_\_ Telephone No. (incl. code) \_\_\_\_\_ VAT / IVA / TVA Number \_\_\_\_\_

Company Registration Number \_\_\_\_\_ Country of Incorporation \_\_\_\_\_ Number of Years in Business \_\_\_\_\_

(Please attach a copy of company trade licence or certificate of incorporation)

## Company Ownership Details

Shareholders, parent company etc.  
(Please attach separate sheet if required)

## Commercial Department

Name \_\_\_\_\_ Alternative Tel. No. \_\_\_\_\_

Position \_\_\_\_\_ Email \_\_\_\_\_

## Operational Details

Type of Operation \_\_\_\_\_ Known Fleet Information \_\_\_\_\_ Owners of Fleet & Leasing Information \_\_\_\_\_  
(Scheduled, Cargo, Military, Corporate, Broker etc.)

Typical Destinations Served \_\_\_\_\_ Major Alliances, Contracts and Partners \_\_\_\_\_ Any Other Known Key Suppliers \_\_\_\_\_

## Trade References

Please provide supplier contacts who have extended credit to verify your payment history.

Name \_\_\_\_\_ Tel. No. \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Tel. No. \_\_\_\_\_ Email \_\_\_\_\_

## Intended Services Through ASM

Service Type	Yes / No	Average Monthly Turnover in USD
Flight Permits	_____	_____
Ground Handling	_____	_____
Fuel	_____	_____
Flight Planning	_____	_____
Others (Please Specify)	_____	_____

## Financial / Administrative Details

Name of the Auditor: \_\_\_\_\_

Date of Most Recent Audited Accounts Available: \_\_\_\_\_

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## Accounts / Finance Department

Name (For Invoicing)

Name (For Accounts Payable)

Name (For Payment Escalation)

Tel. No.

Tel. No.

Tel. No.

Email(s)

Email(s)

Email(s)

## Bank Reference

Bank Name

Account No.

Address / Branch

Contact Person

Tel. No.

Email

## Payment Details

Payment Terms: Cash    Credit

If Credit - Credit Limit \_\_\_\_\_

No. of Credit Days \_\_\_\_\_

Security: Bank Guarantee / Deposit / Others \_\_\_\_\_

## Check List Of Required Documents

Particulars

Yes / No

Date of Document

Company Certificate of Incorporation or Trade Licence

Audited Financial Report

Signed Agreement

Passport Copy of the Owner

(Only for UAE based clients)

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:

Company Seal:

Print Name and Title:

Date: