

Upon approval of this Application Form and the referenced Agreement (referred to jointly as the "Application"), you can access services that are arranged, coordinated or provided by Avjet Routing (FZC). To apply, complete this form, sign where indicated, and e-mail it to admin@avjetrouting.com. Credit approval processing is required due to the extension of credit for Third Party services and goods received at various airports.

Estimated Credit Required Per Month: USD _____

CLIENT INFORMATION

Full Legal Name of Client _____

Physical Legal Address _____

City: _____ State: _____ Country: _____ Postal Code: _____

Phone # _____ FAX #: _____ Email Address _____

OWNERS / PARTNERS

1.Name: _____	Title: _____	Phone #: _____
2.Name: _____	Title: _____	Phone #: _____
3.Name: _____	Title: _____	Phone #: _____
4.Name: _____	Title: _____	Phone #: _____

BANK REFERENCE

Bank Name: _____ Phone #: _____ Fax#: _____

Physical Address: _____ City: _____ Country _____ Postal Code: _____

Account number: _____

BILLING INFORMATION

Attention / Name and Title: _____

Phone # _____ FAX #: _____ Email Address _____

Mailing Address for Invoices: _____

City: _____ Country: _____ Postal Code: _____

Amount of Credit required (stated currency US Dollars): _____

Note:
IMPORTANT:

Please attach a copy of your most recent audited fiscal year-end financial statement. This information is essential to the extension of credit. Please attach a copy of your company "Trade License" or "Commercial Registration" issued by the local Department of Economical Affaires of local Municipality.

CREDIT CARD INFORMATION

The credit card section must be filled out and is required for all Avjet Routing (FZC) clients. Credit card number is required as a back-up. If necessary, the Avjet Routing (FZC) Credit Department may need to contact you for approval to verify the availability of the appropriate funds on the given card. Fund amounts will be determined based on the size and quantity of aircraft purchases on your account.

Card Account #: Exp. Date:

Card Type:

Print Name as it Appears on Card

FLIGHT DEPARTMENT INFORMATION

Attention / Name and Title:

Phone # FAX #: Email Address:

TRADE REFERENCES INFORMATION

Do you have a Credit Account with any other company? If YES, please state:

Company Name Address:

Credit - Limit (State Currency):

Name & Address of Two Different Trade References (These should be reputable companies, independent of the company requiring credit and in a position to give references based upon figures comparable to Credit Required):

1. Company Name: Phone #:

Contact Point/ Title: Address:

2. Company Name Phone #:

Contact Point/ Title: Address:

Credit privileges, if granted, may be withdrawn at any time; with or without notice, until security is provided that is acceptable to resume the credit.

Signing this Application indicates your acceptance of the terms and conditions as stated. In addition; you authorize Avjet Routing (FZC) to make any and all inquires necessary to process this Credit Application.

Name of Authorized Representative / Title:

Agreed & Accepted, Signed:

Phone #: & Extension: Date: