



New Client Registration Form

Company Information					
Legal Name of Purchaser:		Trading Name (DBA):			
Phone:	Email:	Website:			
Registered Office Address:		Country: City:			
State:	Zip Code:	P.O Box:			
Applicant is a:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	<input type="checkbox"/> Other	
Nature of Operations:	<input type="checkbox"/> Airline	<input type="checkbox"/> Charter	<input type="checkbox"/> Private	<input type="checkbox"/> Other	
FEIN / Tax ID #:	VAT ID #:	Business Registration #:			
Parent Company Name:					
Federal Tax Exempt:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	VAT Exempt:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Owner/Officer:		Title:			
Physical Address:		City:	State/Province:		
Country:	Zip Code:	Email:			
Please provide copies of all licenses, AOCs and Certificates to benefit fully from any tax exemption eligibility					
Owner 1 Name:		Owner 3 Name:			
Owner 1 Country of Residence:		Owner 3 Country of Residence:			
Owner 2 Name:		Owner 4 Name:			
Owner 2 Country of Residence:		Owner 4 Country of Residence:			

Must be 25% or greater owner