

AVIATION DISPATCH SERVICES FZC

CREDIT APPLICATION

APPLICANT INFORMATION

Company (Business) Name:

Current address:

City:	State:	ZIP /Postal Code:
Country:	Website:	E-mail:
Phone:	Fax:	Cell:

BILLING INFORMATION

Billing Contact:

Address:

City:	State:	ZIP /Postal Code:
Country:		E-mail:
Phone:	Fax:	Cell:

PRINCIPAL

Please list the main principal for your company.

Name:

Title:	Contact No.:	E-mail:
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Name:

Title:	Contact No.:	E-mail:
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Requested credit limit per month:

We here by authorize **Aviation Dispatch Services FZC** to open a new account in the name of the company listed above. The company will be billed directly for any services rendered by **Aviation Dispatch Services FZC**.

CREDIT CARD INFORMATION

Type of Card:	Visa <input type="checkbox"/>	MC <input type="checkbox"/>	Amex <input type="checkbox"/>	Other <input type="checkbox"/>
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PrintName (exactly as written on card):

Credit Card Number:	Expiry Date:
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Authorized Signature(s) of Card Holder (s):

BILLING ADDRESS OF CARD HOLDER

Address:			Phone:
City:	State:	ZIP /Postal Code:	Country:

TERMS & CONDITIONS

We hereby authorize **Aviation Dispatch Services FZC** to apply charges to the above credit card in the name of the company listed above. The company will be invoiced directly for any services rendered by Aviation Dispatch Services FZC and agrees to pay in NET 10 DAYS. In the event that payment is not received by the 11th day following the billing date; Aviation Dispatch Services FZC may charge the purchases to the above credit card account. An additional 5% will be added to the total charges to compensate credit card commercial fees.

Signature of authorized person & Company Stamp

Date