



EMAIL TO: OPS@FSSALLIANCE.COM
FAX TO: (905) 405-9163

CUSTOMER DETAILS:

Customer: _____
Address: _____
City: _____ State/Prov: _____
ZIP/Postal: _____ Country: _____
Tel: _____ Fax: _____

BUSINESS INFORMATION:

Type of Business: _____
Corporation Partnership
Proprietorship Years in Business: _____
Federal ID: _____ DUNS: _____
Parent Company (if any): _____
Officer(s): _____
Tel: _____ Fax: _____
Officer(s): _____
Tel: _____ Fax: _____
Officer(s): _____
Tel: _____ Fax: _____

Attention: Finance Department
Flight Solutions & Services (FSS) Inc
c/o Landmark Aviation
2450 Derry Road East, Mississauga, ON L5S 1B2

CONTACT INFORMATION: (Attach extra sheet if required)

Executive Contact: _____
Tel: _____ Email: _____
Accounts Payables (Name): _____
Tel: _____ Email: _____
Fuel Coordinator: _____
Tel: _____ Email: _____

BANK REFERENCE:

Bank Name: _____
Address: _____
City: _____ State/Prov: _____
ZIP/Postal: _____ Country: _____
Account No.: _____ Branch: _____
Contact Name: _____
Tel: _____ Fax: _____

CREDIT CARD INFORMATION:

Card No.: _____ Exp: _____
VISA AMEX MASTERCARD MSA (circle one)
Name (as appears on card): _____
Signature: _____ Date: _____



TRADE REFERENCES:

Company Name: _____

Address: _____

City: _____ State/Prov: _____

Contact: _____ Tel: _____

Company Name: _____

Address: _____

City: _____ State/Prov: _____

Contact: _____ Tel: _____

Company Name: _____

Address: _____

City: _____ State/Prov: _____

Contact: _____ Tel: _____

This application is conditional to Flight Solutions & Services (FSS), Inc's terms and conditions, a copy of which will be provided to the customer upon approval of this application.

The information provided to Flight Solutions & Services (FSS), Inc. on this application by the applicant(s) and any other information provided, including any financial statements is warranted to be accurate, complete and true. Flight Solutions & Services (FSS), Inc. is authorized to investigate the applicant(s) credit worthiness and further agree that Flight Solutions & Services (FSS), Inc. has permission to receive relevant banking and trade information as provided above.

All information will be treated in confidence and not distributed without prior written consent from the applicant(s).

TYPE OF OPERATIONS:

Flight Department Charter Operator

AC Management AC Broker/Agent

Regulatory Authority:

Commercial Private Both

FLEET INFORMATION: (please list all aircraft applicable to this account. Please add extra sheet if necessary)

Aircraft Type: _____ Marks: _____

Aircraft Type: _____ Marks: _____

Aircraft Type: _____ Marks: _____

Aircraft Type: _____ Marks: _____

Aircraft Type: _____ Marks: _____

Aircraft Type: _____ Marks: _____

Aircraft Type: _____ Marks: _____

Aircraft Type: _____ Marks: _____

Aircraft Type: _____ Marks: _____

Aircraft Type: _____ Marks: _____

Signature of Officer or Authorized Representative

Print Name & Title

Date



FOR OFFICE USE ONLY:

Sales Rep: _____ ID: _____

Participate in:

Flight Support Synergy Program®

Fuel Program Combo: _____

CREDIT TERM APPROVAL

Approved Denied

Limit: _____ Terms: _____

Comments:

Application Reviewed By: _____

Date: _____ Name: _____

Executive Approval:

_____ Date: _____

Signature

Name & Title

Note:

All customer credit applications must be approved with this form. No application shall be approved without prior approval from management. For auditing purposes, all applications on file must have this form attached.