## VIP AVIATION LTD

## **CREDIT GUARANTY APPLICATION**

**CREDIT CARD GUARANTY FORM** 

The requirement for this form is to guarantee payment of services. Clients wishing to pay for flight support and all kind of services on Direct invoice and would like to use this form and indicated Credit Card as Guarantee of on Time Payment and the Following information:

APPLICANT INFORMATION								
Company Name:								
Current address:								
Judicial address:								
City:	State/Province:			ZIP	Code/Postal	Code:		
Country:	WEB site:							
Phone:	FAX:			E-m	nail:			
BILLING INFORMATION								
Billing Contact:								
Address:	<del>,</del>							
City:	State/Province:		ZIP Code/Postal Code:					
Country:	WEB site:		e:					
Phone:	FAX:			E-m	nail:			
PRINCIPAL OFFICERS								
Please list the main principles for your company's organization								
Name:								
Title:	Contact Cell:				E-mail:			
Name:								
Title:	Contact Cell:				E-mail:		<del>,</del>	
Amount of Requested credit limit per month:				_	rrency:			
Amount of Requested credit For Flight:					rrency:			
Flight Number: Flight Date: Aircraft Type:								
Air Company Name:								
We here by authorize VIP Aviation to open a new account in the name of the company listed above. The company will be billed directly for any purchases it makes with VIP Aviation								
CREDIT CARD INFORMATION								
Type of Card: Visa Card	Master Card American Express Other:							
Name (exactly as written on card) Print:								
Card Holder Title in Company:			Card Holder Passport NO:					
Credit Card Number:				Expiry Date:				
Authorized Signature(s) of Card Holder (s):								
BILLING ADRRESS OF CARD HOLDER								
Address:								
City:	State/Province:		ZII		P Code/Postal Code:			
Phone:	FAX:			E-mail:				
CVV:								
TERMS & CONDITIONS								
We hereby authorize <b>VIP AVIATION LTD</b> to apply charges to the above credit card in the name of the company listed above. The company will be invoiced directly for any purchases it makes By <b>VIP AVIATION</b> in the name of Company Indicated above and requested from it. The Company agrees to pay NET eleven (11) DAYS according to an Invoice Sent by VIP Aviation on Provided services and Flight support By Bank Transfer to <b>VIP AVIATION</b> Account indicated in Invoices. Invoice is considered as received after the date when it will be sent by mail indicated in this document. In the event that payment is not received by the twelfth (12 <sup>th</sup> ) DAY following the billing date <b>VIP AVIATION may charge the purchases to the above credit card account without prior notice;</b> Indicated amount in this form will be Blocked on Credit Card Indicated in this Form. After Payment will Be Don By the company indicated Blocked amount on Credit Card will be canceled. <b>COPY Passport and Credit Card</b>								
Both Side Copy must be sent with this form.								
Signature of applicant Date:								



Authorized Signature(s) of Card Holder (s):

Tbilisi International Airport, 0158, Georgia

Cell: +995599511922; +995597511922; +995597302106; Office: +995790511922 E-mail: ops@vipaviation.ge; info@vipaviation.ge

Date: