



Company Name		Website	
Office Address		Home Base Airport	
City, State / Providence, Zip Code / Postal Code, County			
Phone		Fax	
Office Address			
City, State / Providence, Zip Code / Postal Code, County			
Phone		Fax	
Type of Incorporation		State of Incorporation	Years in Business
Registration#		Fed ID #	VAT/IVA/TVA# ¹
Principal / Parent Company			Website
Primary Bussiness			
Office Ticker Symbol ²		Annual Revenues (US Dollars)	Number of Employees

1) Please indicate if the company is subject to any tax exemptions

2) If the company is privately held please include interim and last fiscal year's balance sheet and income statement

PRIMARY FLIGHT DEPARTMENT CONTACT

PRIMARY FINANCE DEPARTMENT CONTACT:

Name		Name	
Title		Title	
e-mail		e-mail	
Phone	Fax	Phone	Fax

BANK REFERENCE

Name of Bank	Account #	Length of Relationship	
Account Officer	Phone:	e-mail	
City / State / Zip Code /Country			

CREDIT REFERENCE

Company		Credit Line or Loan Amount (US Dollars)	
Contact Name	Phone:	e-mail	
City / State / Zip Code /Country			

TRADE REFERENCE 1

Company		Length of Relationship	
Contact Name	Phone:	e-mail	
City / State / Zip Code /Country			

TRADE REFERENCE 2

Company		Length of Relationship	
Contact Name	Phone:	e-mail	
City / State / Zip Code /Country			



FLEET DETAILS

Aircraft Registration	Type of Aircraft	Year of Manufacture	Registered Owner	Aircraft on AOC Yes / No	Annual Utilization

Continue in a separate sheet if more space is needed

Describe any seasonality in the operation: _____

Are there any recurring or frequent destinations? _____

Charter / Aviation Management Companies:

Does any customer constitute more than 10% of your business (please detail)? _____

What are your normal terms to your customers? _____ What is the ratio of charter hours vs. owner-flown hours? _____

Customer Preferences:

Interest in the following services:

Spire Flight Solutions YES NO Contract Fuel YES NO

Credit Line Requested (US Dollars): _____ Web Access Contact Name: _____

Phone: _____ e-mail: _____ Desired Username: _____

SIGNATURE APPROVAL AND ACCEPTANCE OF TERMS AND CONDITIONS:

1. The Company warrants that the preceding information is true, correct and complete and agrees to inform World Fuel Services, Inc. in a timely manner of any ownership changes and/or material adverse changes to the Company's financial position.
2. The Company authorizes (a) the references listed in this application to release to World Fuel Services, Inc. information related to the Company's accounts and (b) World Fuel Services, Inc. to secure information regarding the Company's credit history from any commercial or consumer reporting agency or trade organization.
3. The Company agrees that (a) all transactions for the purchase of products, including fuel or services are subject to World Fuel Services' General Terms and Conditions found at www.worldfuel.com; and (b) all AVCARD transactions and Customer's use of the AVCARD are subject to the Terms and Conditions for Aircraft Operators Use of the AVCARD Charge Card found at www.worldfuel.com.
4. If the customer is an LLC the signatory warrants he/she is a managing member.

Name / Title

Signature

Date

Contact Phone

Submit this application and supporting documentation by fax to: 1-303-566-3114 by e-mail to: itpssales@spireflight.com

or contact your local sales representative