



NEW CLIENT REGISTRATION FORM

Instruction: For clients, please provide the information (if applicable) to Section 1-11 as below.

1. COMPANY INFORMATION				6. FINANCIAL INFORMATION				10. CARGO DETAILS			
Company Name				Bank Name				Type of Cargo (please check all that applies)			
Phone		Fax		Bank Address				<input type="checkbox"/> General Cargo <input type="checkbox"/> Perishables <input type="checkbox"/> E-Commerce Cargo <input type="checkbox"/> Dangerous Goods <input type="checkbox"/> Live Animals <input type="checkbox"/> Mail & Documents <input type="checkbox"/> Valuables <input type="checkbox"/> Others. Please Specify:			
Email		Website		City		Country		Estimated Cargo Volume (Kg per month)			
Registered Office Address				Province/State		Zip Code		Destinations			
City		Country		Phone							
Province/State		Zip Code		Account Name							
Established Date (mm/yyyy)				Account No.							
				SWIFT		IBAN					
2. NATURE OF OPERATIONS				7. REQUESTED CREDIT TERMS				11. ACKNOWLEDGEMENT & SIGNATURE			
<input type="checkbox"/> Airline <input type="checkbox"/> Charter <input type="checkbox"/> Freight Forwarder <input type="checkbox"/> Agents <input type="checkbox"/> Others. Please Specify:				Requested Payment Terms (days)				All sales are subject to the General Terms and Conditions of Sky Pacific Air Services Co., Ltd., a copy of which is available for review at www.skypac.co.th or upon request. <input type="checkbox"/> Customer certifies that a copy of Sky Pacific's General Terms & Conditions has been received and reviewed.			
				Requested Credit Amount (THB/USD)							
3. OWNER/OFFICER				8. COMPANY/TRADE REFERENCES (#1)				Signature Date Print Name Title			
Name		Title		Company Name							
Address				Company Address				*For internal use of Sky Pacific Air Services only CREDIT EVALUATION Credit Amount Granted (THB/USD):			
City		Country		Phone		Fax					
Province/State		Zip Code		Email		Website		Signature Date			
Email				Contact Name				Print Name Title			
4. OPERATIONS CONTACT				9. COMPANY/TRADE REFERENCES (#2)							
Name				Company Name							
Email		Phone		Company Address							
5. ACCOUNT PAYABLE CONTACT				Phone		Fax					
Name				Email		Website					
Email		Phone		Contact Name							
REMARKS: PLEASE SUBMIT THE FOLLOWING DOCUMENTS (if applicable) TO INFO@SKYPAC.CO.TH 1) New Client Registration Form 2) A Copy of Company Registration Certificate or Business License 3) Relevant Qualifications/Certifications											