



Credit Application Form (Part 1)
(To be filled by Customer)

Station:	
Country:	

Date _____

COMPANY INFORMATION

Name of Business:			
Address:			
Country	City	IATA No	
Email:		Office ID	
Phone:		Tax ID	
No of Years in Business:			

LEGAL FORM UNDER WHICH THE BUSINESS OPERATES

<input type="checkbox"/> BSP	<input type="checkbox"/> IATA Agent	<input type="checkbox"/> Corporation
<input type="checkbox"/> CASS	<input type="checkbox"/> Non-IATA Agent	<input type="checkbox"/> Partnership
<input type="checkbox"/> Other _____		<input type="checkbox"/> Proprietorship

EXPECTED BUSINESS VOLUME (In Local Currency)

What is the Expected/Current Sales Volume for the year?	All Airlines	Qatar Airways

FINANCIAL SECURITY (IATA)

Have you provided a Bank Guarantee to IATA? Yes No

If Yes, What is the Amount? Curr: _____

Bank Guarantee copy attached? Yes No

If No, Please provide reason: _____

Are you enrolled in DIP / Insurance? Yes No

If yes, What is the percentage and amount of Coverage? _____

DIP / Insurance Policy is attached? Yes No

FINANCIAL SECURITY (QR)

Are you providing a Financial Security to QR? Yes No

If Yes, please provide details BG DIP/Ins Cash

Amount: _____

TRADE REFERENCES (Business with Other Major Airlines)

Airline	Contact Name	Designation	Trading Since	Credit Limit

BANK REFERENCES (Principal Bankers Details)

Bank Name	Branch	Account Number

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended with compliance from our side. Furthermore, I hereby authorize the Qatar Airways [Q.C.S.C.] to release necessary information to the references mentioned above to verify the information contained herein.

Furnish following copies:

- 1. Last 2 Years Audited Financials with Fund/Cash Flow Statement.
- 2. IATA & Local Commercial Registration Certificate.
- 3. List of Directors/Partners/Proprietors - Agency Questionnaire

Name of Authorised Signatory & Signature

Name of Authorised Signatory & Signature

Form must be stamped by Official Company Stamp

Credit Application Approved to be approved by:

QR Cargo Manager / Country Manager

QR Finance in-Charge

Credit Limit _____ **Days**

MOBF: _____



Credit Application Form (Part 2)
(To be filled by Customer)

Station:	
Country:	

Date _____

COMPANY INFORMATION				
Name of Business:				
Address:				
Country	City	IATA No		
Email:	Office ID			
Phone:	Tax ID			
No of Years in Business:				

AGENCY OWNER

Name _____
Phone _____
Email _____

AGENCY MANAGER

Name _____
Phone _____
Email _____

TICKETING MANAGER

Name _____
Phone _____
Email _____

Agent's Authorized Signatory & Stamp:

Name _____
Designation _____

Signature _____
Date: _____