

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

Station:					Date					
Country:										
COMPANY INFORMATION										
Name of Bu	ısiness:									
Address:										
Country		City				IATA No				
Email:						Office ID				
Phone:						Tax ID				
No of Years in Business:										
		LEGAL FO	RM LINDER	2 WHICH T	HE BUSINE	SS OPERATE	\$			
		BSP	TOTAL CONTRACTOR		IIL DOONL	OO OI ERAIL				
				IATA Agent		Corporation				
		CASS		Non-IATA A	gent		Partnership			
		Other					Proprietorship			
				•			· · ·			
		EXPEC	TED BUSIN	IESS VOLU	ME (In Loca	al Currency)				
What is the Expected/Current Sales Volume for the year					· ·	irlines	Qatar Airways			
	·			•			•			
			FINAN	CIAL SECU	RITY (IATA)					
Have your p	rovided a Bai	nk Guarante	e to IATA?			Yes	No			
Have your provided a Bank Guarantee to IATA?										
If Yes, What is the Amount? Curr:										
			Curr:							
	ntee copy att		Curr:			Yes	No			
Bank Guara		ached?	Curr:			Yes	No			
Bank Guara If No, Please	ntee copy att e provide rea	ached? son:	Curr:							
Bank Guara If No, Please Are you enro	ntee copy att e provide rea olled in DIP /	ached? son: Insurance?		word and 2		Yes	No No			
Bank Guara If No, Please Are you enro	ntee copy att e provide rea	ached? son: Insurance?		overage?						
Bank Guara If No, Please Are you enro If yes, What	ntee copy att e provide rea olled in DIP /	ached? son: Insurance? ntage and an		overage?						
Bank Guara If No, Please Are you enro If yes, What	ntee copy att e provide rea olled in DIP / is the percer	ached? son: Insurance? ntage and an	nount of Co		URITY (OR)	Yes	No No			
Bank Guara If No, Please Are you enro If yes, What DIP / Insura	ntee copy att e provide rea olled in DIP / is the percer nce Policy is	ached? son: Insurance? ntage and an attached?	nount of Co		URITY (QR)	Yes Yes	No No			
Bank Guara If No, Please Are you enro If yes, What DIP / Insura	ntee copy att e provide rea olled in DIP / is the percer	ached? son: Insurance? ntage and an attached?	nount of Co		URITY (QR)	Yes	No No			
Bank Guara If No, Please Are you enro If yes, What DIP / Insura Are you prov	ntee copy att e provide rea olled in DIP / is the percer nce Policy is	ached? son: Insurance? ntage and an attached?	nount of Co		URITY (QR)	Yes Yes	No No No			
Bank Guara If No, Please Are you enro If yes, What DIP / Insura Are you prov	ntee copy atternation provide reaction of the percernation of the percenation o	ached? son: Insurance? ntage and an attached?	nount of Co		. ,	Yes Yes Yes	No No No			
Bank Guara If No, Please Are you enro If yes, What DIP / Insura Are you prov If Yes, please	ntee copy atternation provide reaction provide reaction provide in DIP / is the percernate Policy is widing a Finarce provide de	ached? son: Insurance? ntage and an attached? ncial Security	FINAN to QR?	ICIAL SEC	BG	Yes Yes Yes DIP/Ins	No No No Cash			
Bank Guara If No, Please Are you enro If yes, What DIP / Insura Are you prov If Yes, please	ntee copy atternation provide reaction provide reaction DIP / is the percent reaction provide decided at the provided at the provid	ached? son: Insurance? ntage and an attached? ncial Security tails	FINAN to QR?	ICIAL SEC	BG	Yes Yes Yes DIP/Ins	No No No Cash			
Bank Guara If No, Please Are you enro If yes, What DIP / Insura Are you prov If Yes, please	ntee copy atternation provide reaction provide reaction provide in DIP / is the percernate Policy is widing a Finarce provide de	ached? son: Insurance? ntage and an attached? ncial Security tails	FINAN to QR?	ICIAL SEC	BG	Yes Yes Yes DIP/Ins	No No No Cash			
Bank Guara If No, Please Are you enro If yes, What DIP / Insura Are you prov If Yes, please	ntee copy atternation provide reaction provide reaction DIP / is the percent reaction provide decided at the provided at the provid	ached? son: Insurance? ntage and an attached? ncial Security tails	FINAN to QR?	ICIAL SEC	BG	Yes Yes Yes DIP/Ins	No No No Cash			

BAN	K REFERENCES (Principal Banker	s Details)				
Bank Name	Branch	Account Number				
it is to be used to determine the amount a	nd conditions of the credit to be extended with	tion has been furnished with the understanding that compliance from our side. Furthermore, I hereby sentioned above to verify the information contained				
Furnish following copies:						
	Financials with Fund/Cash Flow Stateme	ent.				
2. IATA & Local Commercial Registration Certificate.						
3. List of Directors/Partners/Proprietors - Agency Questionnaire						
Name of Authorised Signatory & Sign	nature Nai	ne of Authorised Signatory & Signature				
	Form must be stamped by Official Company Star	пр				
	Credit Application Approved to be approved by					
QR Cargo Manager / Country Mana	ger	QR Finance in-Charge				

MOBF:

Credit Limit ______Days



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

Station:			Date								
Country:											
COMPANY INFORMATION											
Name of Bu	ısiness:										
Address:											
Country		Cit	ty	IATA No							
Email:				Office ID							
Phone:				Tax ID							
No of Years	in Business:										
AGENCY O Name Phone Email	WNER										
AGENCY M Name Phone Email	ANAGER										
TICKETING Name Phone Email	MANAGER										
Agent's Aur Name Designation	thorized Signato	ry & Stamp: 									
Signature											

Date: