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| New Client Registration Form |

# Instructions

Please provide the information (if applicable) given below

# Company Information

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name |  | Street Address  Including City, State,  and ZIP Code |  |
|  |
| Telephone |  | Fax |  |
| Office Email Address |  | Website |  |
| Billing Tax ID |  | National Provider Identification (NPI) Number Type 2 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Office Hours |  |  | Nature of operations |
| Monday |  |  | 1. Airline 2. Charter 3. Agents |
| Tuesday |  |  | **Business owner** |
| Wednesday |  |  | Mr./Ms. [First =Last Name] |
| Thursday |  |  | **Account payable** |
| Friday |  |  | [XX-XXXX-XXXXX] |
| Saturday |  |  | **Account payable contact** |
| Sunday |  |  | [Contact] |

|  |  |  |  |
| --- | --- | --- | --- |
| **Financial information** | | | |
| Bank Name |  | Bank Address: |  |
| Account Title: |  | Account No. |  |
| IBAN: |  | SWIFT: |  |

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Signature |  |  | Name |  |
|  | Signature of the Person Submitting this Form |  |  | Name of the Person Submitting this Form (print) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Signature |  |  |  |  |  |
|  | MM |  | DD |  | YY |