

NEW CUSTOMER MASTER DATA

IMPORTANT NOTICE:

PLEASE WRITE **NA** (NOT APPLICABLE IF THE QUERY IS IRRELEVANT TO YOUR COMPANY.)

IATA / ICAO CALL SIGN

AIRLINE / COMPANY NAME:

VAT NO.: / COMPANY REGISTRATION NUMBER

HEAD QUARTER:

COMPANY NAME
STREET
POST CODE
CITY
STATE
COUNTRY
PHONE NUMBER
FAX NUMBER
WEB

BILLING ADDRESS

COMPANY NAME
STREET
POST CODE
CITY
STATE
COUNTRY

DOES YOUR COMPANY HOLD A AOC DOCUMENT (AIR OPERATOR CERTIFICATES)?
PLEASE ENCLOSE A COPY OF AOC:

YES NO

IS THE SCHEDULED PROGRAM OPERATED BY YOU OR A THIRD PARTY?
(AIRCRAFT, COMPLETE CREW, MAINTENANCE AND INSURANCE)

US THIRD PARTY

IF THIRD PARTY, PLEASE PROVIDE CONTACT INFORMATION FOR OPERATING CARRIER

PLEASE BE ADVISED THAT NOTWITHSTANDING THE ANSWER BELOW BOTH PARTIES (you and third party) ARE LIABLE FOR PAYMENTS OF THE AIRPORT CHARGES

SHALL INVOICES FOR AIRPORT CHARGES BE SENT TO YOUR COMPANY OR A THIRD PARTY?

US THIRD PARTY

IF THIRD PARTY, PLEASE PROVIDE CONTACT INFORMATION FOR SAID COMPANY

ACCOUNTS PAYABLE:

NAME OF CONTACT PERSON
E-MAIL ADDRESS FOR ACCOUNTS PAYABLE
PHONE NUMBER FOR ACCOUNTS PAYABLE
FAX NUMBER

TYPE OF ELECTRONIC FILE

PLEASE SELECT THE FILE FORMAT:
PDF FILE XML FILE PDF & XML FILE

E-MAIL ADDRESS FOR E-INVOICES 1

TYPE OF ELECTRONIC FILE

PDF FILE XML FILE PDF & XML FILE

E-MAIL ADDRESS FOR E-INVOICES 2

TYPE OF ELECTRONIC FILE

PDF FILE XML FILE PDF & XML FILE

E-MAIL ADDRESS FOR E-INVOICES 3

PLEASE MAKE SURE:

ALL NOISE CERTIFICATES SHALL BE SENT TO CPH IN ADVANCE FOR YOUR FLIGHT.
ANY CHANGES TO AIRCRAFT FLEET LIST WHICH HAVE EFFECT FOR BILLING
SHALL BE ADVISED IN ADVANCE TO DEBITOR@CPH.DK

DATE: (DD/MM/YYYY)

COMPLETED BY: (NAME & TITEL)

SIGNATURE

COMPANY STAMP