



NEW SUPPLIER REGISTRATION FORM

Fuel

Mediterranean, which is committed to conducting its business lawfully and ethically, requires the following information for Mediterranean Compliance processes.

The omission of information in one or more sections of this form may lead to a delay or failure to register your company as a Mediterranean partner.

Please be assured any information provided is kept in the strictest confidence.

Please complete the form below and send it to ops@mediterr.aero

Company Information

Legal Name	<input type="text"/>		
Business Name	<input type="text"/>		
Address of Corporate Headquarters	<input type="text"/>		
P.O. Box	<input type="text"/>	Country	<input type="text"/>
Telephone	<input type="text"/>	Email Address	<input type="text"/>
Mobile	<input type="text"/>	Website	<input type="text"/>
Fax	<input type="text"/>	SITA (if applicable)	<input type="text"/>

LICENSE/REGISTRATION CERTIFICATE

Please attach license/registration and insurance certificates

Commercial Registration Number	<input type="text"/>		
Business License Number	<input type="text"/>		
How long you have been in present business	<input type="text"/>		
Third party Liability Insurance Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Combined Single Limit Amount	<input type="checkbox"/> USD <input type="checkbox"/> EUR
Product Liability Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Combined Single Limit Amount	<input type="checkbox"/> USD <input type="checkbox"/> EUR

SERVICES

- ☐ Into-Plane
- ☐ Reseller
- ☐ FBO

COMPANY STATUS

Please provide the following information

Senior Management

1. Name	<input type="text"/>	Telephone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>
2. Name	<input type="text"/>	Telephone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>
3. Name	<input type="text"/>	Telephone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>

Accounting Department

1. Name	<input type="text"/>	Telephone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>
2. Name	<input type="text"/>	Telephone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>

Sales Department

1. Name	<input type="text"/>	Telephone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>
2. Name	<input type="text"/>	Telephone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>

Operations Control Center

1. Name	<input type="text"/>	Telephone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>
2. Name	<input type="text"/>	Telephone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>

☐ FBO ☐ INTO PLANE

Please provide the following information

LOCATION

Airport Name	<input type="text"/>		
ICAO	<input type="text"/>	IATA	<input type="text"/>
City	<input type="text"/>	Country	<input type="text"/>
Airport of Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No		

PHYSICAL PRESENCE AT THIS AIRPORT

Employee(s) of our Company based at this station	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee(s) sent from our Home base	<input type="checkbox"/> Yes <input type="checkbox"/> No

AIRFIELD FACILITIES YOUR COMPANY USES

Bowser	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuel Hydrant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your own Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Airport Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Party Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No

FUEL TYPE SUPPLY

Jet A-1	<input type="checkbox"/>	JP-8	<input type="checkbox"/>
Avgas	<input type="checkbox"/>	TS-1	<input type="checkbox"/>
JP-5	<input type="checkbox"/>	Other	<input type="checkbox"/>

INTO-PLANE TEAM CONTACT INFORMATION

Primary Phone (24/7)	<input type="text"/>	Fax	<input type="text"/>
Backup Phone (24/7)	<input type="text"/>	Email	<input type="text"/>
Operating Hours (LT)	<input type="text"/>		

ADDITIONAL COMMENTS