



ENROLLMENT FORM

PLEASE RETURN ENROLLMENT FORM TO: CREDIT@MGAS.COM OR FAX TO 866.705.4782

INDIVIDUAL OR COMPANY INFORMATION

Individual or Company Name (Business Legal Name):

Corporate Address:

City:	State:	Zip Code:
Corporate Contact:	Contact Title:	Contact Email:
Phone:	Fax:	Years in Business:

FLIGHT DEPARTMENT / HANGAR INFORMATION

Flight Department/Hangar Address:

City:	State:	Zip Code:
Flight Dept Contact:	Contact Title:	Contact Email:
Phone:	Alt Phone:	Fax:

ACCOUNTING / BILLING INFORMATION

Accounting / Billing Address:

City:	State:	Zip Code:
Accounting Contact:	Contact Title:	Contact Email:
Phone:	Alt Phone:	Fax:

FLEET INFORMATION

Tail Number:		Aircraft Type:	
Tail Number:		Aircraft Type:	
Tail Number:		Aircraft Type:	
Tail Number:		Aircraft Type:	
Tail Number:		Aircraft Type:	
Tail Number:		Aircraft Type:	

USAGE INFORMATION

Current Fuel Suppliers:	Current International Trip Services Providers:
Total Annual Volume:	Total Annual Trips:
% International: % Domestic:	% International: % Domestic:

TRADE REFERENCES

1	Company Name:		
Physical Address:			
City:		State:	Zip Code:
Phone:	Fax:	Web URL:	
Company Contact:		Contact Email:	
2	Company Name:		
Physical Address:			
City:		State:	Zip Code:
Phone:	Fax:	Web URL:	
Company Contact:		Contact Email:	

PAYMENT INFORMATION

Please select your preference below and MGAS will attempt to honor this request, based on an evaluation.

- DirectBill** – An MGAS credit line for invoice payments
- ACH Draft** – Automatic electronic bank drafting for invoice payments
- AdvancePay** – Advanced payment for invoice payments
- Credit Card** – MGAS accepts the following credit cards*:
 - American Express™ MultiService
 - Visa™/MasterCard™ Avcard
 - Discover™

*All **fuel** transactions paid with a credit card require a 4% processing fee.

APPLICATION CONSENT & ACKNOWLEDGEMENT

Applicant ("Purchaser") declares that the above information is true, correct and is provided to MGAS, LLC ("Seller") to extend credit to Purchaser. Purchaser authorizes Seller to make such credit inquiries as the Seller sees fit, including contacting the above listed bank and trade references and credit reporting agencies to disclose to Seller any and all information concerning the financial and credit history of the Purchaser.

The undersigned acknowledges and consents to a credit investigation by Seller to establish credit on behalf of Purchaser to purchase fuel and services. Upon credit approval or upon request, Purchaser will be provided with Seller's complete Terms and Conditions.

Check the box below if you consent to the next two paragraphs.

The Purchaser grants permission to Seller to share the information in this form with International Trip Planning Services, LLC (itpops.com) to make such credit inquiries as International Trip Planning Services, LLC sees fit, including contacting the above listed bank and trade references and credit reporting agencies to disclose to International Trip Services, LLC any and all information concerning the financial and credit history of the Purchaser.

The undersigned acknowledges and consents to a credit investigation by International Trip Planning Services, LLC to establish credit on behalf of Purchaser to purchase flight planning and trip support services. Upon credit approval or upon request, Purchaser will be provided with International Trip Planning Services, LLC's complete Terms & Conditions.

SIGNATURE

Company Name:	
Authorized Representative:	Title:
Signature:	Date:

If you would like to utilize International Trip Planning Services, LLC's flight planning and trip support services, please complete the additional pages attached below. It is not necessary to complete the following pages if you intend to only utilize MGAS, LLC fuel services.



PLEASE COMPLETE THE FOLLOWING AIRCRAFT AND TRAVEL INFORMATION SO THAT ITPS IS EQUIPPED TO SERVICE YOUR INTERNATIONAL FLIGHT NEEDS.

Upon completion, send to operations@itpops.com or fax to 281.966.1618

- Section I – Documents (insurance, registration, passports, etc)
- Section II – Aircraft Load Sheet
- Section III – Crew Information
- Section IV – Passenger Information
- Section V – Client Preferences

SECTION I – PLEASE SEND ALL RELEVANT DOCUMENTS TO ITPS.

- A. AIR WORTHINESS
- B. AIRCRAFT REGISTRATION
- C. COPIES OF PILOTS’ LICENSES AND MEDICALS
- D. SCANNED COPIES OF PASSPORTS (COLOR COPIES ARE STRONGLY PREFERRED)
- E. AIRCRAFT NOISE CERTIFICATE
- F. AIR CARRIER CERTIFICATE
- G. WORLDWIDE INSURANCE
- H. MEXICAN INSURANCE
- I. HONG KONG INSURANCE

SECTION II – AIRCRAFT LOAD SHEET (SEE NEXT PAGE)



AIRCRAFT LOADSHEET

OPERATOR:	CONTACT NAME:
PHONE:	EMAIL:

BASIC AIRCRAFT DATA

A/C REGISTRATION:	UNITS: POUNDS ___ KILOS ___
EXACT A/C TYPE:	PREFERRED CRUISE SPEED:
EXACT ENGINE TYPE:	NOISE CATEGORY:

AIRCRAFT WEIGHTS

MAX TAKEOFF WEIGHT:	MAX LANDING WEIGHT:
MAX ZERO FUEL WEIGHT:	BASIC OPERATING WEIGHT:
MAX PAYLOAD:	MAX RAMP WEIGHT:

FUEL INFO

MAX FUEL CAPACITY:	TAXI – OUT:
FIXED HOLD (MINUTES):	TAXI – IN:

COMMUNICATION AND NAVIGATION EQUIPMENT

S (VHF, VOR, ADF, ILS) YES ___ NO ___	I INS YES ___ NO ___	W RVSM YES ___ NO ___
D DME YES ___ NO ___	J DATA LINK YES ___ NO ___	X MNPS YES ___ NO ___
G GPS/GNSS YES ___ NO ___	R RNP YES ___ NO ___	Y 8.33 KHz YES ___ NO ___
H HF RADIO YES ___ NO ___	T TACAN YES ___ NO ___	Z OTHER EQUIP YES ___ NO ___
FAA RNAV D ___ E ___ A ___	SELCAL	TCAS YES ___ NO ___
RNP CERTIFICATION	SAT-PHONE	ACARS YES ___ NO ___
		AFIS GDC ___ ARINC ___

MISCELLANEOUS INFORMATION

MAX PASSENGER SEATING:	JUMP SEATS:	
CREW SEATING:	OTHER:	
EMERGENCY RADIO: U ___ V ___ E ___	SURVIVAL EQUIP: P ___ D ___ M ___ J ___	LIFE JACKETS: L ___ F ___ U ___ V ___
NUMBER OF DINGHIES:	CAPACITY:	DINGHIE COLOR:
AIRCRAFT COLORS:	SINGLE ENGINE TAS (FOR ETOPS):	

SECTION III – CREW INFORMATION			
First Name:		Middle Name:	Last Name:
Home Address:			
City:		State:	Zip Code:
DOB:	POB (city, state, country):		
Passport Number (Primary):		Exp:	Nationality:
Passport Number (Secondary):		Exp:	Nationality:
ATP Number:			Nationality:
Hotel Reward Numbers:			
First Name:		Middle Name:	Last Name:
Home Address:			
City:		State:	Zip Code:
DOB:	POB (city, state, country):		
Passport Number (Primary):		Exp:	Nationality:
Passport Number (Secondary):		Exp:	Nationality:
ATP Number:			Nationality:
Hotel Reward Numbers:			



2550 Gray Falls Drive · Suite 250 · Houston, Texas · 77077
 Phone 832.220.3518 · Fax 281.966.1618 · accounts@itpops.com

WWW.ITPOPS.COM

SECTION IV – PASSENGER INFORMATION			
First Name:		Middle Name:	Last Name:
Home Address:			
City:		State:	Zip Code:
DOB:	POB (city, state, country):		
Passport Number:		Exp:	Nationality:
First Name:		Middle Name:	Last Name:
Home Address:			
City:		State:	Zip Code:
DOB:	POB (city, state, country):		
Passport Number:		Exp:	Nationality:
First Name:		Middle Name:	Last Name:
Home Address:			
City:		State:	Zip Code:
DOB:	POB (city, state, country):		
Passport Number:		Exp:	Nationality:



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SECTION V – CLIENT PREFERENCES

Is Flight Following to home base required? YES NO

If yes, please list email or contact information.

Is Crew Transport required to / from hotels? YES NO

If yes, would you like ITPS to prepay this before your crew arrives at destination? YES NO

ITPS can prepay your hotel rooms for the crew and re-bill back to your company with all trip charges. Is this service required by your company? YES NO

Please advise the preferred location for delivery of flight plans and weather packets.
 HOTEL HANDLER / FBO BOTH

The night before extended overwater flights, ITPS will usually send a Preliminary Weather Outlook and Summary Flight Plan Package to flight crews. Would you like this as a standard? YES NO

In the event ITPS cannot reach your flight crew and a flight plan is required, what is the default fuel load and mach speed that you would like Flight Planning to use for your flight plans?

DEFAULT FUEL LOAD: _____

DEFAULT MACH SPEED: _____

Security Reports will be sent out to all Level 4 and 5 locations automatically. Is this acceptable?
 YES NO

Is ITPS to make all Customs & APIS notifications on your behalf? YES NO

Please list any standard special requests you may have for ITPS to make on your behalf to ground handlers or FBOs during your trips (ex: lavatory services, fuel on arrival / departure, catering, passenger assistance, etc):

Please list any additional requests or information you feel ITPS should know in order to help make your trips smooth and successful:



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