

UNIVERSAL AIR TRAVEL PLAN ACCOUNT APPLICATION

Please return this with your most recent **Audited Statement of Financial History** to:
 UATP, Member Services, 1301 Pennsylvania Ave., NW, Washington, DC 20004-1707
 Phone: 800-222-4688 x104 (US only) or +1 (202) 626-4225 x104. Internet: uatp.com

APPLICANT INFORMATION

PLEASE PRINT OR TYPE

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> President | <input type="checkbox"/> CFO/Treas. |
| <input type="checkbox"/> Gen. Mgr. | <input type="checkbox"/> Owner |
| <input type="checkbox"/> VP | <input type="checkbox"/> Partner |

Applicant Name (exact legal, corporate or partnership name to be used)	Authorizing Officer's Name	
Telephone Number	Country	Fax
Street Address	City, State, Zip	
Billing Address (if different from above)	City, State, Zip	

CORPORATE INFORMATION

Type of Business Activity	Years in Business	<input type="checkbox"/> Division <input type="checkbox"/> Subsidiary	Federal ID No.
State Where Incorporated (if applicable)	Date of Incorporation	D&B or DUNS Code	
Parent Company (if applicable)	Telephone Number		
Financial Officer's Name/Title	Address		

BUSINESS REFERENCES

Name of Bank and Branch	Telephone Number	Account Number
Address	City, State, Zip	Country
<u>Business Trade References</u>		
1.		
Name of Company & Contact Name	Telephone Number	Account Number
Address	City, State, Zip	Country
2.		
Name of Company & Contact Name	Telephone Number	Account Number
Address	City, State, Zip	Country
3.		
Name of Company & Contact Name	Telephone Number	Account Number
Address	City, State, Zip	Country

CARD-ISSUING AIRLINES

Your request will be forwarded to the airline(s) of your choice, provided a statement of financial history is included. The airline(s) will send a contract to your company which needs to be returned. After approval, the card-issuing airline will maintain your account. You are not limited to flying on the card-issuing airline – over 200 airlines worldwide accept UATP (lodged accounts & walking cards). Please allow four (4) weeks for application processing.

Based on the enclosed list, please indicate your card-issuing airline choice(s):

1. _____ **2.** _____ **3.** _____

Mail UATP Contract To: _____ **Estimated Total Annual Travel:** \$ _____

Travel Agency/Contact Name	Address	Telephone
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We hereby authorize the above-listed bank and credit references to release information to UATP and/or its issuing airline(s). A copy of our audited financial statement is attached, as required, for use in evaluation of this application. (The undersigned hereby give authorization to the airline(s) indicated above to obtain a consumer/business credit report.)

Authorizing Officer's Signature	Date
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