## **CHARTER REQUEST FORM**



CUSTOMER IN	IFORM	ATION											
Customer Name										Date	2		
Requested Per	rson												
Contact Addre	255												
Contact Detail	ls												
FLIGHT INFOR	MATIC	ON											
Aircraft Type			1										
No. of Passengers			No. of Bag			ggage Pieces				Baggage Weight			
Request Date							Request Time						
Requested Ro													
Scheduled Rou	ıte												
Type of Flight	(please	e tick tl	ne box)										
Government	Government E		Business			Leisure			Medevac			Photo Flight	
Other	Plea	se spec	ify					'					
Special Requir	rement	<b>'s</b> (nleas	se tick t	he hox	)								
VIP (p			Stretcher			Wheelchair			Roller Door			Oxygen	
Other	Plea	se spec							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			en, gen	
PAYMENT INF		TION											
Payment Meti	<b>hod</b> (pl	ease tid	ck the b	ox)									
Cash	Cash Cre		dit Card			Cheque		Invoice					
Invoicing available for	or govern	ment and	corporate	clients oni	'y								
Cost of Charter	r (This se	ection wil	l be filled	by Mante	a Air)	7							
Charter Rate		USD				Terms and Conditions							
Additional Fuel		USD								ircraft and operating crew. ght would vary depending			
Parking Charges			USD			current operating schedule.  • All charter flights will be operated upon receipt of charter request form and payment.							
Administrative Charges		USD											
						Reporting time for a charter flight on the date of departure is 1 hour 30 minutes.     80% of the initial charter cost must be paid as a charter cancellation charge if the client							
TOTAL COST OF CHARTER			R USD			cancels the charter before the agreed time.							
						_							
ACKNOWLEDO	GEMEN	VT											
I/We here by a	accept	and ag	ree to t	he terr	ns a	nd conditio	ns se	t fort	th in this	form.			
Date					S	ignature							