



Vendor Aircraft Information Form

General

Company Name: _____

Tail Number: _____ Aircraft Type: _____

Year: _____ Cruise Speed: _____

Total Time: _____ Max Pax: _____

Minimum Runway Length: _____ Serial Number: _____

Amount of Liability Insurance: _____ Million Aircraft Base: _____

Color: _____ Trim Color: _____

Exterior Refurb Date: _____ Interior Refurb Date: _____

Please check all that apply:

- | | | | | |
|-----------------------------------|-------------------------------|--------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Dataport | <input type="checkbox"/> 110V | <input type="checkbox"/> LAV | <input type="checkbox"/> Leather | <input type="checkbox"/> RVSM |
| <input type="checkbox"/> Airshow | <input type="checkbox"/> DVD | <input type="checkbox"/> Galley Mini | <input type="checkbox"/> Smoking | <input type="checkbox"/> TCAS I |
| <input type="checkbox"/> VCR TV | <input type="checkbox"/> CD | <input type="checkbox"/> Galley Full | <input type="checkbox"/> Pet | <input type="checkbox"/> TCAS II |
| <input type="checkbox"/> Phone | <input type="checkbox"/> AIR | <input type="checkbox"/> Hot Food | <input type="checkbox"/> APU | <input type="checkbox"/> GPWS |

Costs

Do you bill Actual or Estimated Block or Flight times? _____

Retail Rate: _____ Wholesale Rate: _____

Overnight Cost: _____ Standby Cost per Hour: _____

Short Leg Cost: _____ Daily Min Cost: _____

Landing Fee: _____ Flt Attendant Cost: _____

Fuel Surcharge: _____ Other Additional Costs: _____

Additional Crew: _____

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