



helijet.com | 1.800.665.4354

5911 Airport Road South
Vancouver International Airport
Richmond, BC V7B 1B5

ACCOUNT AGREEMENT

Assigned Account Number: _____

BETWEEN	AND (please print clearly)		
Helijet International Inc. 5911 Airport Road South Vancouver International Airport Richmond, BC Canada V7B 1B5 Phone: (604) 273-4688 Fax: (604) 273-5301	Company Name:		
	Contact Name:		
	Street Address:		
	City:	Prov:	Postal Code:
	Phone:		Fax:
	GST Number:		Exempt? Yes No

(Referred to as HELIJET)

(Referred to as Account Holder)

The ACCOUNT HOLDER agrees to the following terms and conditions for the use of the Helijet International Account.

General	<ol style="list-style-type: none"> 1. The Account Holder accepts responsibility for the use of the Helijet Account. 2. The Account Holder agrees that no commissions will be added. 3. The Account Holder agrees to pay any no show/cancellation fees, or other applicable charges. 4. The fare used to invoice the Account Holder for tickets will be the full fare applicable on the flight as stated when making the reservation. 5. Tariff rates are subject to change without notice. 6. The Account Holder will be invoiced twice a month for all travel completed on the Holder's Account. Payment is due and payable immediately. 7. The Account Holder <u>must provide a valid Credit Card #, to be issued an account number.</u> 8. Fill out attached form for Helijet to charge credit card for payment of invoices on billing day (optional).
Termination	<ol style="list-style-type: none"> 1. This Agreement may be terminated at any time by either party upon 30 days notice, at which time. Any tickets not returned will remain the responsibility of the Account Holder.

***Please include the following credit card and contact information:**

CC # _____ exp: _____ Name On Card: _____

Contact: (to receive invoices/notifications)

Name: _____ Email: _____

Per Account Holder _____ Per Helijet International Inc. _____

Authorizing Signing Officer _____ Account Receivable: HELIJET INTERNATIONAL INC.

Printed Name: _____

Date: _____ Date: _____

This credit card information will be held on file with Helijet Administration, for payment of invoices, until cardholder advises otherwise.



PAYMENT AUTHORIZATION FORM

Schedule your payments to be automatically charged to your Visa, MasterCard or American Express. Just complete and sign this form to get started! It's convenient, and your payment is always on time (even if you're out of town), eliminating late charges!

Helijet Account Number: _____
Company Name: _____
<input type="checkbox"/> AMEX <input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA
Credit Card Number: _____
Expiry: _____ Validation Code: _____
Name on Card: _____

I, the undersigned have the right to hereby authorize Helijet International Inc. to use the above credit card information to pay all invoices for the above account on billing day.

Name: _____
Title: _____ Phone: _____
Signature: _____ Date: _____

This Payment Authorization Form will be held on file with Helijet Administration, for payment of invoices, until cardholder advises otherwise. If any of the above information changes, please advise Helijet Administration at 604.273.4688 as soon as possible.