

„M-SOLA” HELIPORT SERVICES ORDER № _____

INFORMATION ABOUT CLIENT

Surname, Name of representative _____
Company _____
ID / Reg. No _____
VAT No _____
Address _____
Phone _____
Fax _____
E-mail _____

FLIGHT, PARKING AND STORAGE

Landing date _____
Departure date _____
Aircraft type _____
Aircraft reg. no. _____
Aircraft MTOW _____
Flight from _____
Flight to _____
Next stop _____
Flight No. _____
Aircraft Storage Aircraft stand
 Hangar
 Heated Hangar
Maintenance and tools _____

ACCOMMODATION

Arrival date _____
 Departure date _____
 No. of people _____
 Type Bed
 Room
 House

TRANSPORTATION

Date, Vehicle	Driver	Transportation from	Transportation to
	<input type="checkbox"/> GM Helicopters <input type="checkbox"/> Client		
	<input type="checkbox"/> GM Helicopters <input type="checkbox"/> Client		
	<input type="checkbox"/> GM Helicopters <input type="checkbox"/> Client		

PAYMENT

Payment Invoice and transfer
 Cash
 Currency EUR
 USD
 LVL

Services received by:

Client surname _____

Client signature _____