

Invoiced by:
Approved by:
Batch #:
Invoice Date:

INVOICE REQUEST APPLICATION FORM

BILLING INFORMATION DETAILS

CUSTOMER NUMBER:

COMPANY NAME:

ADDRESS:

E-MAIL ADDRESS (to send invoices to):

CONTACT PERSON:

CONTACT NUMBERS:

Date of Submittal:

DD/MM/YY

**This document shall be sent in electronic format via E-mail directly to: receivables@bcaa.bm
NO LATER than 90 days prior to the expiration date of the C of A**

AIRCRAFT INFORMATION (Select the appropriate Check Box)

C of A Initial

C of A Renewal

Export Certificate

Storage Register

CRT #	Registration Mark	Aircraft Type	Serial Number	C of A Category	Current Maximum Take-Off Mass (Kg) (as per AW268)	C of A Current Expiry Date (N/A for Export C of A)	BCAA USE ONLY		
							TOTAL COST DISTRIBUTION	INVOICE #	GL
1.									
2.									
3.									
4.									
5.									

Special Remarks: