



## SKY BUSINESS JETS

TO:		From:	SKY HELICOPTEROS S.A
Attn:		Phone:	+ 34 971 79 40 40
email/fax:		Fax:	+ 34 971 79 53 18
Subject:		Email:	<a href="mailto:Jet@skyhelicopteros.com">Jet@skyhelicopteros.com</a> <a href="mailto:comercial@skyhelicopteros.com">comercial@skyhelicopteros.com</a>
Date:		Pages:	

We thank you for your reservation and are pleased to confirm you as follows:

### BOOKING CONTRACT

**Date:**

**Aircraft:** Citation CJ1

**Callsign:** HSY 41

**Tail number:** EC - JIU

### ITINERARY / FLIGHT PLANNING

FECHA	PAX	SALIDA/DEPARTURE			DESTINO/ARRIVAL			FTL
		AEROPUERTO	CIUDAD	HORA	AEROPUERTO	CIUDAD	HORA	

FECHA	PAX	SALIDA/DEPARTURE			DESTINO/ARRIVAL			FTL
		AEROPUERTO	CIUDAD	HORA	AEROPUERTO	CIUDAD	HORA	

### Departure time are locals times subjects to slots allocations and air traffic rights

**AIRCRAFT:** Cessna Citation CJ1

**TAIL NUMBER:** EC-JIU

**FLIGHT NUMBER:** HSY41

**PASSENGERS:** Provide names and passports details as soon as possible.

**CATERING:** Standard open bar and business class meals

**MEETING POINTS:** Palma de Mallorca MALLORCAIR (0034 971 789 522)  
Terminal de Aviación General

**CHECK IN:** 30 MINUTES BEFORE THE DEPARTURE TIME

**CREW DETAILS:**

**IMPORTANT INFORMATION FOR YOUR FLIGHT REGARDING WHAT YOU CAN CARRY AND WHAT YOU CAN NOT CARRY ON BOARD THE PLANE ON THE FOLLOWING LINKS**

<http://www.aena-aeropuertos.es/csee/ccurl/721/304/cartel%20art%20proh%20aeronaves%20V.%20enero%202010.pdf>

<http://www.aena-aeropuertos.es/csee/ccurl/991/592/cartel%20art%20proh%20equipaje%20de%20mano%20V.%20enero%202010.pdf>

[HTTP://WWW.CAA.CO.UK/DOCS/1219/SRG\\_DGO\\_WHATCANICARRY20100416.PDF](HTTP://WWW.CAA.CO.UK/DOCS/1219/SRG_DGO_WHATCANICARRY20100416.PDF)

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**CHARTER AMOUNT:**

**PAYMENT TERMS:**

**1.- By wire transfer**

**ENTIDAD:** Banco de Crédito Balear  
**CCC:** 0075 6947 88 0600048131  
**IBAN:** ES63 0075 6947 8806 0004 8131  
**SWIFT:** POPUESMM

**2.- By credit card (plus 3% of the charter price)**

Provide credit cards details

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**CANCELATION TERMS:**

Within 7 days 50% of the charter price  
Within 48 hours 75% of the charter price  
After departure from home base 100% of the charter price

Please be so kind to sign this charter confirmation and return it to us

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SKY HELICOPTEROS S.A.  
AOC E090



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**CREDIT CARD PAYMENTS / GUARANTEES**

**CHARTER FLIGHT**

**ROUTING:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE:** \_\_\_\_\_  
**CHARTER PRICE:** \_\_\_\_\_

**CARD DETAILS**

Card holder name as it appears on card: \_\_\_\_\_  
Type of card (Visa, American Express, etc) \_\_\_\_\_  
Card Start Date \_\_\_\_\_ Card Expiration Date \_\_\_\_\_  
Security Code /CVC code on the backside \_\_\_\_\_

**CARD BILLING ADDRESS**

Street: \_\_\_\_\_ Post / Zip Code: \_\_\_\_\_  
City: \_\_\_\_\_ Country \_\_\_\_\_

I hereby authorise SKY HELICOPTEROS S.A to use the above referenced credit card as guarantee of payment in relation to the charter flight above. In the event that payment is not received **within three (3) days** from the date of this document, SKY HELICOPTEROS S.A. reserves the right to charge the credit card. Credit card payments will incur a 3% fee.

Please confirm this authorisation by signing below and sending this document to SKY HELICOPTEROS S.A. by fax or email **with a copy of the front and back side of the credit card.**

Card holder`s signature as it appears on card: \_\_\_\_\_

Date this document signed by cardholder: \_\_\_\_\_