

REQUIRED: Company's Previous Two Years Audited Financial Statements or Annual Reports

(Application will not be processed without this information.)

COMPANY NAME (exact legal name)			
STREET ADDRESS			
CITY	STATE	ZIP	
BUSINESS TELEPHONE	BUSINESS FAX		
EMAIL ADDRESS			
BILLING ADDRESS (if different)			
CITY	STATE	ZIP	
YEARS IN BUSINESS PARENT COMPANY, IF AP	PLICABLE:		
NATURE OF BUSINESS Partnership Proprietorship Corporation INCORPORATION DATE		Limited Liabi	lity Corporation
DUN & BRADSTREET # FEDERAL TAX ID	#		
ESTIMATE TOTAL MONTHLY TRAVEL SPEND	CONTACT PERSON		
DOES APPLICANT HAVE AN EXISTING UATP ACCOUNT WITH AN	NOTHER AIRLINE?	□ YES	□ NO
IF YES, LIST AIRLINE AND ACCOUNT NUMBER			
DO YOU (OFFICERS OF THE COMPANY) HAVE AN AA AADVANTAGE ACCOUNT?		TYES	NO
IF YES, LIST ACCOUNT NUMBER			
NAMES & TITLES OF OFFICERS OR PARTNERS			
CARDLESS ACCOUNT? I YES NO IF NO. LIST REQUESTED CARDHOLDERS ON COMPANY LETTER		J	
BUSINESS EXTRAA ACCOUNT NUMBER		N Contraction of the second se	
MAIN CONTACT FOR ACCOUNTS PAYABLE NAME	EMAIL	PHONE	
MAIN CONTACT FOR TRAVEL MANAGEMENT NAME	EMAIL	PHONE	
NAME OF PRIMARY BANK REFERENCE	ACCOUNT NUMBER		
BANK CONTACT	BUSINESS TELEPHONE		
SUPPLIER REFERENCE	SUPPLIER CONTACT		
BUSINESS TELEPHONE			
SUPPLIER REFERENCE	SUPPLIER CONTACT		
BUSINESS TELEPHONE			
SUPPLIER REFERENCE	SUPPLIER CONTACT		
BUSINESS TELEPHONE			

MAILING ADDRESS: AA UATP PROGRAM 4000 E. Sky Harbor Blvd. Phoenix, AZ 85034 FAX: 480-693-2728 TELEPHONE: 800-528-3819 I have read this application and (1) confirm that the information shown is accurate to the best of my knowledge, and (2) I understand that complete financial evaluation may require the Company to provide additional support, e.g., principal guarantee, letter of credit, or cash deposit.

REQUESTING OFFICER'S SIGNATURE

DATE

REQUESTING OFFICER'S TYPED NAME

TITLE

HOW DID YOU HEAR ABOUT THE AMERICAN AIRLINES UATP PROGRAM?