BETTER PRICING.
GREATER **EFFICIENCY.**
REAL **RESULTS.**

CLEAN TOP OFF
DON'T JUST TOP OFF, OPTIMIZE.

JET FUEL SOLUTIONS
FOR A SMARTER
TOMORROW

BECOME A CLIENT
CLIENT APPLICATION & ONBOARDING FORM

DATE

1. COMPANY INFORMATION

Legal Company Name *
Street Address 1 *
Street Address 2
City * | State / Province *
Country * | Zip / Postal Code *
Business Phone Number *
Website

2. PARENT COMPANY / OWNERSHIP (if applicable)

Parent Company Name
Address
City | State / Province | Zip / Postal Code
Parent Company Phone Number
Primary Business

3. PRIMARY CONTACT

Name *
Title *
Office Phone * | Cell Phone
Email *

4. ACCOUNTING / BILLING CONTACT

Name
Title
Office Phone | Cell Phone
Email

5. CHIEP PILOT / FLIGHT OPERATIONS CONTACT

Name
Title
Office Phone | Cell Phone
Email

6. SECONDARY CONTACT (if applicable)

Name
Title
Office Phone | Cell Phone
Email

7. MEMBERSHIP SELECTION

(Select all that apply)

- ☐ Light Plan – $50 per tail per month
- ☐ Light Plan – $300 per tail per year
- ☐ Pro Plan – $150 per tail per month
- ☐ Pro Plan – $1,200 per tail per year

8. CURRENT RESELLERS OR DEALS

(Select all that apply)

- ☐ World Fuel
- ☐ Jetex
- ☐ AEG
- ☐ CAA
- ☐ Signature FBO
- ☐ Atlantic FBO
- ☐ AVFUEL
- ☐ Other

9. OPERATING PROFILE

Typical Regions / Destinations
Estimated Annual Fuel Spend (USD)
Current Fuel Provider(s)
Current Payment Method(s)
Main Optimization Goals

10. FLEET INFORMATION (add additional aircraft on a separate sheet if needed)

	Tail Number *	Aircraft Make & Model *	Owned / Leased / Managed	Home Base (Airport)	Estimated Monthly Fuel Consumption (Gallons)
1					
2					
3					

11. TRADE REFERENCES (fuel providers, FBOs, or other aviation services)

	Company Name	Contact Name	Phone	Email
1				
2				
3				

12. ADDITIONAL INFORMATION

Is there anything else we should know about your operation?

13. AUTHORIZED REPRESENTATIVE

I certify that the information provided in this application is true, correct and complete. I authorize Clean Top Off to contact the references listed and to use this information for the purpose of evaluating and providing services. I understand that this application does not obligate Clean Top Off to provide services until a written agreement is executed by both parties.

Authorized Representative (Print Name) * | Title *
Signature * | Date *

FOR CLEAN TOP OFF USE ONLY

- ☐ Application Received
- ☐ References Checked
- ☐ Internal Review Completed
- ☐ Agreement Sent
- ☐ Payment Link Sent
- ☐ Onboarding Meeting Scheduled
- ☐ Account Activated

Notes: