

New Customer Inquiry Form

DATE: _____

Thank you for your interest in Flying Ship vessels. Please complete and return to info@flyingship.co

Company Name	Primary Contact / Your Name	CEO/President Name
Work Phone	Cell Phone	Email Address
Address		
City, State	Country	ZIP or Postal Code
Business Type		
Company Website		
2021 Annual Revenue (USD)	2020 Annual Revenue (USD)	
What are your planned routes or regions of operation?	What is the Planned Cargo Type?	
Please Provide Business Reference 1.	Please Provide Business Reference 2.	
How did you hear about the Flying Ship?	How many Flying Ship Vessels are you interested in purchasing?	
Other or Specific Requests	When are you available to be contacted?	

Thank you for your inquiry. Our Sales and Technical team will be in contact.