



**HARBOUR AIR
SEAPLANES**

YOUR SEAPLANE PROFESSIONALS

Name of Agency: _____

Contact Name: _____

Telephone Number: _____

Fax Number: _____

Contact Email Address: _____

Number of Active Agents: _____

Mailing Address: _____

IATA/TIDS#: _____

Please Note: Commission Payments will only be paid via Electronic Funds Transfer.

Please provide a void cheque or deposit slip for accurate bank information.

The following information is required:

Financial Institution Name: _____

Financial Institution Address: _____

Transit Number (must be 5 digits): _____

Institution Number: _____

Bank Account Number: _____

**Email Address to which
Remittance Payment Statements will be sent:** _____

Completed forms should be sent to:

Harbour Air Ltd.
Attn: **Carole Sturm**
Customer Care Coordinator,
4760 Inglis Drive, Richmond, BC V7B 1W4
Tel: 604-233-3537
Fax: 604-278-9897