



International Air Transport Association

IATA Distribution and Financial Services

version 1.3

CASS LOCATION DETAILS

This Location is **Head Office** []
or an
Air Waybill Issuing Office []

CASS Location Code: _____ /
Country Codes: _____
(AU=02) (FJ=11) (PG=22) (NC=21) (NZ=24)

**P
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Legal Name

ACN or ARBN or Cert No.

Trade Name

If as above – leave blank

ABN or Business Cert No.

Data Base Entry:
CL
Aims
CE

	Street Address	Postal Address
Town or Suburb		
State	Country:	
Postal Code		

Is CASS Billing to go to this location?
YES [] **NO** []
If NO, to which location?

Is CASS Billing to be settled by this location?
YES [] **NO** []
If NO, to which location?

Name and e-mail address of person/area to receive CASS Billing:
1: _____
2: _____

Company CEO Name and Title:

IDD Code:
STD Code:
Phone Number(s):
Fax Numbers(s):

CASS Short Name: _____
(CASS use only)

Local Manager's Name and Title:

CASS Import Code (if applicable) **-AU**

Signature and Title of Person Supplying details:

By:

Airport Box No:..... **Airline:**..... **Airport:**.....

Date: