



# PAYMENT AUTHORIZATION

Thank you for choosing us. Please complete the information below to authorize payment for services.

## 1. CLIENT INFORMATION

Company / Client Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Email for Receipt: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## 2. CARDHOLDER DETAILS

Card Type:  Visa  Mastercard  AMEX  Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing ZIP Code: \_\_\_\_\_ Aircraft / Tail #: \_\_\_\_\_

Location / Base: \_\_\_\_\_

## 3. SERVICE SUMMARY & NOTES

REFERENCE	DESCRIPTION	AMOUNT (\$)
Total Amount (\$):		-----

Additional Notes: \_\_\_\_\_

## 4. AUTHORIZATION & SIGN-OFF

I authorize Apex Flight Support to charge the credit card listed above for the agreed-upon services. This authorization applies to the total transaction amount indicated within this document.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_