



CREDIT CARD AUTHORIZATION FORM

Instructions

1. Complete the form the form by printing legibly with a dark pen, all billing and shipping information in the blanks below.
2. Sign with the Credit Card Holder's signature on the line indicated.
3. Mail, E-mail or fax this form to us at (F) 949.786.6248 or sales@AIRLINXinc.com to complete your order.

I, _____, authorize AIRLINX Aircraft Services
(Please print Credit Card Holder's name)

to charge my credit card account in the amount of \$ _____

This amount:

_____ Excludes freight and I understand the freight will be added once order has shipped.

_____ Shipping will be charged against our freight account. Company: _____
Freight account #: _____

I authorize receipt of order at the shipping address specified below.

Cardholder's Signature _____ **Date** _____

Type of Credit Card: (circle one) VISA MASTERCARD DISCOVER

Credit Card Number _____ Expiration Date ____/____

CVC Code (last three digits on the back of the card) _____

Credit Card Billing Address

Requested Shipping Address

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Telephone: _____

Telephone: _____

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. ALL information entered on this for will be kept strictly confidential by AIRLINX Aircraft Services, Inc.

(Optional) As the Credit Card Holder, I also authorize AIRLINX Aircraft Services, Inc. to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: ____/____/____ Signature: _____

**Complete and mail or fax all documents required to: 1.949.786.6248
Or return by E-mail to: sales@AIRLINXinc.com**



P.O. Box 8201 * Newport Beach, CA 92658 * 1-949-786-7464