

CREDIT CARD AUTHORIZATION FORM

Date _____

I _____ Authorize Crosswinds Aviation to charge my credit card
(NAME) (COMPANY)

for services rendered. When you are with an instructor, we request payment after your flight. An invoice will be emailed to you after your lesson or rental. Your card will be run 30 days if payment has not been received on an invoice. We send invoices monthly. Please indicate how you want us to use your card. Check the box to indicate how you want Crosswinds to receive your payment.

- Please run this card after each flight and send me the paid invoice.
- Please send my invoices monthly and I will pay with cash, check or bank account online.
- I will be purchasing block time and please use the money on account and use this card as back up.

CARD ON FILE. Crosswinds Aviation will enter card into our secure Payment Network. Once card has been entered we will shred this document.

CREDIT CARD TYPE _____

CREDIT CARD # _____

EXPIRATION DATE _____

CVV Code _____

BILLING ADDRESS _____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

SIGNATURE

DATE

Bring into office, email or mail TO:

Andrea Dahline
andrea@crosswindsaviation.com

3808 W. Grand River
Howell, MI 48855

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES:
