



2301 NW 33rd COURT
SUITE 114
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CREDIT CARD AUTHORIZATION FORM

DATE: _____ CUST. CODE: _____

COMPANY NAME: _____

NAME ON CARD: _____

CARD NUMBER : _____

CARD EXPIRATION DATE: _____ SECURITY CODE ON CARD: _____

CARD TYPE: (circle one) VISA MASTERCARD AMERICAN EXPRESS

CARD BILLING ADDRESS: _____

CITY: _____ STATE/COUNTRY: _____ ZIP: _____

THIS IS TO AUTHORIZE REGIONAL AIRLINE SUPPORT GROUP TO PLACE AIRCRAFT PARTS OR CONSULTING SERVICES TO THE ABOVE STATED CARD.

CARDHOLDER'S
SIGNATURE: _____

PLEASE PRINT: _____

IF THE ABOVE IS A COMPANY CARD OR FOR ANY REASON YOU WISH TO APPOINT SOMEONE OTHER THAN YOURSELF AS YOUR PURCHASING AGENT.

I HEREBY AUTHORIZE THE FOLLOWING TO PLACE PURCHASES WITH MY AUTHORIZATION AS STATED ABOVE.

AUTHORIZED PERSONNEL
(please print)

SIGNATURE

THIS AUTHORIZATION IS ONLY VALID FOR THE PURCHASE OF AIRCRAFT PARTS OR SERVICES THRU REGIONAL AIRLINE SUPPORT GROUP, LLC. THIS FORM MUST BE ON FILE PRIOR TO REGIONAL AIRLINE SUPPORT GROUP IS ABLE TO ACCEPT CREDIT CARD PAYMENTS FOR MERCHANDISE.

THANKS - REGIONAL AIRLINE SUPPORT GROUP