

CREDIT CARD AUTHORIZATION FORM

ZULU AVIATION CORPORATION

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FAX: 817-238-8664

E-MAIL: zuluaviationcorp@gmail.com

Thank you for choosing Zulu Aviation Corporation for you aircraft rental needs. We appreciate your business and look forward to providing you a quality experience.

Please complete all fields. You may cancel this authroization at any time by contacting us. This authorization will remain in effect until cancelled. However, no charges will be applied to the card until an invoice has been submitted and a 24 hour period has elapsed to provided you time to dispute any charges.

CREDIT CARD INFORMATION

CARD TYPE: MasterCard Visa Discover American Express
 Other _____

CARD HOLDER NAME (AS SHOWN ON CARD):

CARD NUMBER:
_____ - _____ - _____ - _____

EXPIRATION DATE (MM.YY) _____ / _____

CVV CODE _____

(THREE DIGIT CODE ON BACK)

BILLING ADDRESS:

Street Address: _____

City: _____

State: _____

Zip: _____

All infomration will remain confidential. Invoices and credit card receiptps will be remitted by E-Mail.

I authorize Zulu Aviation Corporation to charge the agreed amount, as stated by E-Mail or by phone, provided herein. I agree that I will pay for purchases in accordance with the issuing bank cardholder agreement.

Card Holder Signature

Date