



Please fax or e-mail both pages to +1 239 430 9221

Europe-American Aviation

Credit Card Authorization Form (Please write in English, Use "Umlaute" as follows ae, ue, oe)

In lieu of my credit card imprint, I, _____

(Name of the Cardholder exactly as shown on credit card)

Hereby authorize Europe-American Aviation to charge my order to the following credit card.

Visa MasterCard Discover

Card number _____

Expiration Date _____

CVV2 Security Code (3 digits on back of card) _____

The billing address as it appears on my credit card statement

Street name _____

Address (continued) _____

City, State, Zip Code _____

Country _____

Email Address for receipt _____

Phone Number (Home) _____

Phone Number (Cell) _____

Cardholder authorized billing amount

\$

For Open Balances

_____ (Please fill in)

By signing below and submitting for payment, I acknowledge of the Terms & Conditions. I also agree to waive any charge-back rights and in the event of a dispute, requests for a refund must be submitted in writing to Europe-American Aviation for approval.

Signature as it appears on cardholder's credit card _____

Today's date _____

This form must be completed in full and all information must be true and correct in order for your payment to be processed.