

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. Your card will be run 30 days if payment has not been received on an invoice. Please indicate how you want us to use your card.

*Invoice Cycles: After mid-month audit & after end of month audit.

Check one option only :

- Please run this credit card at the mid-month & end of month invoice cycles. We will send you paid invoices or statements.
- Please send my invoices at the *Invoice cycles and I will pay with cash, check or bank account online.
- I have purchased block time and please use the money on account. When my credit is consumed use this card as back up. Please let office management know if you would like a statement of your account.

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