

# Ad Astra Aviation – CREDIT CARD AUTHORIZATION FORM

550 Reserve Street Suite 190 Southlake, TX. 76092 Phone: 972-375-0767

Date: \_\_\_\_\_

Card Type (please circle one):      Visa                      M/C                      AMEX                      DISC

Card Holder (as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

CVV2 Code (three-digit number on back of card): \_\_\_\_\_

Card Holders Billing Address: \_\_\_\_\_

**Customer Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Charge**

TOTAL (amount to be charged): \$ \_\_\_\_\_ (plus 3% CC fee)

**Please initial** if you approve keeping your card on file for future transactions \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

