

# *Airbozn Flight Services, Inc.*

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## **Credit Card Authorization Form**

I, \_\_\_\_\_ authorize Airborn Flight Services, Inc. to charge my credit card for all outstanding balances remaining unpaid for more than two business days after the service has been rendered.

Name on Credit Card: \_\_\_\_\_

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

\_\_\_\_\_

Type of Card: \_\_\_\_\_

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

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

Security Code: \_\_\_\_\_

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

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

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