Business Aerotech

"Your Partner on the Ground"

500 HAYDEN CIRCLE * ALLENTOWN, PA 18109

610-264-5490 * 610-264-5999 Fax

CREDIT CARD AUTHORIZATION

COMPANY: _____

CARD NUMBER: _____

EXPIRATION DATE: _____ / _____
MO. YEAR

SECURITY CODE: _____ (VISA/MC 3 DIGIT-BACK, AMEX 4 DIGIT- FRONT)

CARD HOLDER'S NAME: _____

BILLING ADDRESS:
AS APPEARS ON CREDIT CARD STATEMENT _____

_____

CITY, STATE, ZIP CODE: _____

LIST NAME(S) OF PERSON(S) AUTHORIZED TO MAKE PURCHASES OTHER THAN CARDHOLDER: _____

_____

_____

I AUTHORIZE BUSINESS AEROTECH TO CHARGE THE ABOVE CREDIT CARD UNDER THE CONDITIONS LISTED BELOW.

☐ CHARGE CARD AND KEEP ON FILE FOR FUTURE PURCHASES
YOU WILL BE NOTIFIED OF THE AMOUNT BEFORE CHARGING CURRENT & FUTURE PURCHASES

☐ CHARGE CARD ONE TIME IN THE AMOUNT OF $ _____
ADDITIONAL CHARGES MAY APPLY FOR, BUT NOT LIMITED TO FREIGHT, TAX, DEPOSITS, ETC...

INVOICE / REF #: _____

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

REV: 06/05