



ULTIMATE AVIATION SOLUTIONS

**CREDIT CARD AUTHORIZATION FORM**

**PLEASE FAX OR EMAIL BACK TO 1+(305)499-9922 or  
[sales@ultimateaviationsolutions.com](mailto:sales@ultimateaviationsolutions.com)**

**VISA, MASTERCARD, AND DISCOVER ONLY**



**Company Name:** \_\_\_\_\_

**Purchase Order #:** \_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

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

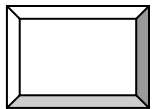
**Security Code :** \_\_\_\_\_  
(CV V2)

**Name on Card:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

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

I, \_\_\_\_\_, authorize Ultimate Aviation Solutions to bill the above detailed credit card in the amount of \$ \_\_\_\_\_ (+ 4% convenience handling and shipping). When instructed, UAS will use the customer account for shipping . In the event of a **BILL BACK** from the shipping carrier the undersigned authorizes UAS to charge this same credit card plus \$25.00 handling. I understand that this is an irrevocable authorization.



**If you would like UAS to keep this information on file for future orders please mark here.**

**Card holder's signature:** \_\_\_\_\_

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

**Notes:**

**Name on card and authorizing signature must be the same.**

**\*\*ALL ORDERS ARE NON RETURNABLE/NON CANCELABLE\*\***