



**Personal Information**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Credit Card Information**

VISA  MC  AMEX CC#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Automatic Credit Card Payment Authorization**

The signature below authorizes San Carlos Flight Center to charge my credit card periodically for the balances due on my account. All charges are due and payable upon the conclusion of a flight/operation.

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

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