

Credit Card Authorization Form

Payee Information

Individual or Business name: _____

Email address: _____

Billing Address: _____

Phone: (____) _____

Payment Information

I authorize DB Aero LLC dba Steel City Aviation to charge this card for any goods or services not paid for at the time the goods or services were provided.

You may cancel this authorization at any time by sending a request to: info@learntoflywith.us

Credit Card Information

Card type: _____ MasterCard _____ Visa _____ American Express

Cardholder name (as shown on card): _____

Billing zip code: _____

Card number: _____ Expiration: ____/____

3 Digit Security Code (on back of card): _____

Signature

Date

FOR OFFICE USE ONLY

Authorization cancelled by: _____ Date: _____

*Attach copy of written request.