

105 Southfield Pkwy. Suite 300, ATLANTA, GA 30297

TEL: 404-767-0282 FAX: 404-767-1467

DATE:	
CUSTOMER NAME:	
CUSTOMER PO#:	
ATTENTION:	
FAX #:	
FROM:	
AMOUNT:	

(PLUS FREIGHT CHARGES AND SALES TAX, IF APPLICABLE)

CREDIT CARD CHARGE AUTHORIZATION

PAA IS UNABLE TO CHARGE A CREDIT CARD WITHOUT AUTHORIZATION AND SIGNATURE FROM THE CARDHOLDER. ALL INFORMATION MUST BE COMPLETED AND FAXED BACK TO PAA PRIOR TO CREDIT CARD PROCESSING.

CREDIT CARD INFORMATION – PLEASE TYPE OR PRINT LEGIBLY – COMPLETE ALL BLANKS

CARD TYPE –
CARD #:
EXPIRES (MM/YY):
CVC #:
CARDHOLDER NAME (PERSON, NOT COMPANY) AS IT APPEARS ON THE CARD:

COMPLETE ADDRESS & PHONE NUMBER WHERE CREDIT CARD BILLS ARE SENT

STREET ADDRESS:
CITY:
STATE:
ZIP:
PHONE NUMBER:

AUTHORIZED SHIP TO ADDRESS, IF DIFFERENT FROM ABOVE:

I CERTIFY THAT I AM AN AUTHORIZED USER OF THIS CREDIT CARD. BY PLACING MY SIGNATURE ON THIS FORM, I AUTHORIZE PAA TO CHARGE THE ABOVE CREDIT CARD FOR THE AMOUNT LISTED. I ALSO AUTHORIZE PAA TO CHARGE THE ABOVE CREDIT CARD FOR CORE CHARGES IN THE AMOUNT OF _____ IF AN ACCEPTABLE CORE IS NOT RECEIVED WITHIN 21 DAYS FROM THE DATE OF THE INVOICE.

SIGNATURE OF CARDHOLDER: _____

[PLEASE EMAIL BACK TO: WWW.SALES@PROAVIATION.COM](mailto:WWW.SALES@PROAVIATION.COM)