

3165 Donald Douglas Loop S. • Santa Monica, CA 90405 • 310.800.8050

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card:						
Billing Address:						
Credit Card Type:	Visa	Mastercard _	Discover	<i>F</i>	AmEx	
Credit Card Number:						
Expiration Date:						
Card Identification (CV\	/) Number:	(last 3 digits locat	ted on the back o	of the cred	dit card)	
I hereby authorize Santa I incur a balance on my twenty-four (24) hours. B instruction, airplane rent goods I have acquired a \$5,000.00 (Five Thousance purchase in accordance billing disputes will be res	customer/rento alances I agree al, pilot supplie at SMF. I unders d and xx/100 U.S e with the issuin	er account, for any e to pay with the a s, or any other cha stand my card ma S. dollars) per 7-da ng bank cardholde	y period equal above credit of arge I incur, a ay be charged by period. I ag ar agreement	al to or good made a result of the second and the s	greater ay be fo It of serv a maxir pay for	than or flight vices or mum of this
Cardholder – Signature	& Date					
Signature:			Date	ອ:	//_	
Print Name:						

Photocopy Image of Credit Card: