



CUSTOMER CREDIT CARD PAYMENT/ PRE-AUTHORIZATION

Please complete, sign and return via E-MAIL to Sales@masteraviationservices.com

I, _____ hereby authorize Master Aviation Services to Charge my:

_____ Master Card

_____ Visa

_____ American Express

_____ Discover

Card Number _____

Card expiration date ____/____/____ CVV2 Code: _____

Billing Address (Include Zip Code):

In the Amount of \$ _____ (Include 4% CC fee)

For the Following _____ (Indicate Items / PO #)

Cardholder signature _____ DATE _____

MASTER AVIATION SERVICES, LLC
6075 NW 82ND AVE MIAMI FL 33166
786-780-2817
WWW.MASTERAVIATIONSERVICES.COM

