

SPINKS FLIGHT CENTER INC



Return form to: admin@spinksflightcentertx.com

817.295.8477 / www.sfc-tx.com

CREDIT CARD PAYMENT AUTHORIZATION FORM

CUSTOMER NAME _____

NAME ON CARD _____

BILLING ADDRESS _____

PHONE / EMAIL _____

CREDIT/DEBIT CARD INFORMATION

Cards that are "debit only" are not accepted.

(A 3.5% FEE WILL BE PLACED ON ALL ELECTRONIC TRANSACTIONS

Visa

Mastercard

Discover

Amex

CVC
CVV

Exp Date _____

I DO HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT I AM THE AUTHORIZED USER OF SAID ACCOUNT. I AUTHORIZE SPINKS FLIGHT CENTER INC., TO CHARGE TO MY CREDIT CARD RECURRING INSURANCE FEES ANNUALLY IN JANUARY. I AUTHORIZE SPINKS FLIGHT CENTER INC., TO CHARGE TO MY CREDIT CARD AS NEEDED FEES AND CHARGES ASSOCIATED WITH THE SALE OF GOODS AND SERVICES RENDERED. I understand that all payments are non-refundable. I understand that all invoices are due and payable at the time services are rendered and that late fees incur at the rate of \$5/day. I understand that three declined transactions may result in the deactivation of my account until such time as a new payment agreement has been reached. I understand that I can cancel this payment authorization at any time by submitting in writing an "OPT-OUT OF RECURRING PAYMENTS" request to admin@spinksflightcentertx.com. I understand that opting out will result in the deactivation of my account, services will no longer be rendered and account access will be denied.

SIGNATURE _____ DATE _____

OFFICE USE ONLY--(enter date and admin initials for each decline and attach receipts for record)

1st decline _____ 2nd decline _____ 3rd decline _____