



aero parts management

12349 S.W. 132Court

MIAMI, FL 33186

T: 305-677-2171 • F: 866-803-5696

www.aeropartsmanagement.com

**CREDIT CARD AUTHORIZATION FORM**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Credit Card Type:

VISA

MASTER CARD

Credit Card Number: \_\_\_\_\_

MM/YY: \_\_\_\_/\_\_\_\_

CVV: \_\_\_\_\_

Billing Address and Zip: \_\_\_\_\_

Name: \_\_\_\_\_

As it Appears in the Card

Telephone: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Order#: \_\_\_\_\_

I hereby authorize Aero Parts Management, LLC. To charge the above referenced credit card account the amount of \$ \_\_\_\_\_ USD for the purchase of aircraft parts under purchase order number \_\_\_\_\_ plus a 4% service fee of \_\_\_\_\_.

\_\_\_\_\_  
Signature Cardholder

\_\_\_\_\_  
Print Name