

Credit Card Authorization



Attn: _____ Date: _____
Customer: _____ From: _____
Phone: _____ Page: _____
Email: _____

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I authorize Aero Express, Inc. to charge my credit card item(s) shipped against my Purchase Order _____ for the amount of _____, A 3% credit card fee will be added to the amount of purchase.

The billing address of my card is:

Name of Cardholder: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Credit Card Type: _____

Exp Date: _____

Credit Card # _____ Security Code: _____

Issuing Bank (on credit card): _____

Bank Telephone# on card: _____

Authorized Signature: _____ Date: _____

*So that we may process your order as soon as possible, please return this form and a copy of the front and back of your credit card to mary@aeroexpress.com.

**** Please note the street address and Zip Code must match the Credit Card Billing address
in order to process your order ****

Thank You

Aero Express, Inc.
PO Box 1212
Lee's Summit, MO 64063

Phone: 816-246-4500
Email: accounting@aeroexpress.com
Web: aeroexpress.com