

# 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](mailto: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

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