



### Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect until cancelled.

#### Credit Card Information

Card Type:                          MasterCard                          AMEX  
    VISA    Discover

Cardholder Name (as shown on card):

Card Number:

CVV:

Expiration Date (MM / YY):

Billing Street Address:

City

State or Province

Country

Cardholder ZIP Code (from credit card billing address):

I, \_\_\_\_\_, authorize Staniel Air to charge my credit card above for agreed upon services and/or products. I understand that my information will be securely saved to file for future transactions on my account.

Customer Signature

Date