



**Air Elite LLC**  
**2024 Credit Card Transaction Authorization Form**

Date: \_\_\_\_\_

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

Customer Contact Name: \_\_\_\_\_

Customer Contact Phone No.: \_\_\_\_\_

Customer Contact Fax Number: \_\_\_\_\_

Company Name on Credit Card: \_\_\_\_\_

Individual Name on Credit Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ State \_\_\_\_\_  
(must match address on file with CC company)

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

Type of Credit Card: \_\_\_\_\_

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

Credit Card Expiration Date: \_\_\_\_\_ 3 or 4 Digit  
Security Code\* \_\_\_\_\_

\*American Express must have security code to process\*

Total Amount Authorized to Charge: \_\_\_\_\_

Invoices or Other References / Amounts to be paid (must list singularly):

	Invoice No./ Reference	Amount		Invoice No./ Reference	Amount
1			2		

By signing this form, I acknowledge, understand and agree: that I am authorized to execute this transaction, agree to pay all charges shown related to the above transaction, that all parts returned are subject to restocking fees and shipping charges, and that for transactions involving core returns a credit may or may not be forthcoming dependent upon evaluation of the returned core and that the evaluation may take up to 90 days to complete there is a 3.5% credit card processing fee with all credit card transactions . **Please email this form back to [airelitelc@gmail.com](mailto:airelitelc@gmail.com)**

Signature: \_\_\_\_\_

\_\_\_\_\_  
Print Name & Title