



Credit Card Authorization- One Time Charge

Company Name: _____

Name on Card: _____

Billing Address: _____

Billing City: _____

Billing State/Providence: _____

Billing Zip Code: _____

Country: _____

Type of Credit Card (Circle): **Visa** **Mastercard** **Discovery** **Amex**

Credit Card Account Number: _____

CC Expiration Date: _____

Security Code: _____

Amount Authorized (include CC fee) _____

Authorized by: _____

Title: _____

Date: _____

Signature: _____

**Please Note: a 3% administrative charge is added to ALL credit card chargers
AMX a 4% administrative charge is added.**

Accounting Contact: O-512-688-5775 | Email: accounting@southwestaerospace.com