



Phone: (905) 405-1546

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## Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN

All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Type:   \_\_\_ Visa           \_\_\_ Mastercard

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

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

Amount to Charge: \$ \_\_\_\_\_ USD \_\_\_\_\_ CDN \_\_\_\_\_

I, \_\_\_\_\_, authorize Aviation Solutions Inc/ Turbine Solutions Inc. to process payment on above credit card.

Card Holder, Please sign and Date

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

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

Print Name: \_\_\_\_\_

6797 Invader Crescent Mississauga, Ontario. Canada L5T 2B6

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