



## CREDIT CARD AUTHORIZATION FORM

Please complete the following, sign and email to: [Accounts.Receivable@PerformAir.com](mailto:Accounts.Receivable@PerformAir.com) to enable us to process your payment by credit card.

Contact Name:	<input type="text"/>	
Contact Phone Number:	<input type="text"/>	
Company Name:	<input type="text"/>	
Company Address:	<input type="text"/>	
Invoice Number(s) Payment is Applicable to:	<input type="text"/>	
Total Amount to be Charged to Card:	<input type="text"/>	
Transaction Date:	<input type="text"/>	
Card Number:	<input type="text"/>	
Expiration Date:	<input type="text"/>	
Issuing Bank or Financial Institution:	<input type="text"/>	VISA, MasterCard, AMEX, Discover
Card Holder's Billing Address:	<input type="text"/>	
Security Code:	<input type="text"/>	3 or 4 Digit Validation Code Number
Card Holder's Name:	<input type="text"/>	

**Please Add 3.5% for Credit Card Charge.**

**I hereby authorize Perform Air International Inc. to charge the above amount to my credit card.**

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_