



ULTIMATE AVIATION  
S O L U T I O N S

## Credit Card Authorization Form

FAX: 1+ (305) 499-9922 EMAIL TO: [sales@myuas.aero](mailto:sales@myuas.aero)

Company Name:

Purchase Order Number:

Card Holder Name:

Billing Address:

Credit Card Type:

Credit Card Number:

Expiration Date (mm/yy):

CreditCard CSV:

I Authorize Ultimate Aviation Solutions to bill the above credit card. I understand that a 4% convenience handling of the total of the order will be charged.

Amount to Charge \$

USD **+4% handling fee**

In the event I do not provide a shipping account, ULTIMATE AVIATION SOLUTIONS will bill for shipping to this credit card. If the Customer provides a shipping account and a bill back from the shipping carrier occurs, the undersigned authorizes ULTIMATE AVIATION SOLUTIONS to charge the amount of the bill back +50.00 handling to this same credit card. I understand this is an irrevocable authorization.

**Cardholder ONLY – Print Name, Hand Sign and Date Below:**

**\*\* THIS IS AN IRREVOCABLE AUTHORIZATION \*\***

By signing below, I represent that I have read and understand the REFUND & CANCELLATION POLICY of Ultimate Aviation Solutions as provided to me in writing and also available on their website. I also certify that I understand that this order is a Special Order and as such it is Non-Cancellable and Non-Returnable and that ALL RELATED POLICIES IN REFERENCE TO THIS TRANSACTION HAVE BEEN DISCLOSED. I also understand that this transaction is NOT an INTERNET SALE.

Today's Date:

Name:

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

IF YOU WOULD LIKE UAS TO KEEP THIS INFORMATION ON FILE FOR FUTURE ORDERS, PLEASE MARK NEXT

