



Credit Card Authorization

I, _____ Request charges to be billed to my credit card

Discover _____ Visa _____ MasterCard _____ American Express _____

Credit Card# _____ Exp. Date _____

CVV# _____ (Last 3 digits on the back of the signature panel for Discover/MC/Visa or 4 digits on front panel for Amex)

Please E-Mail to Jason@flagshipcharter.com or Fax Authorization to: 561-655-9586

Name as printed on card: _____

Company Name If Applicable: _____

Card Address: _____

City/State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Total Amount of Authorized Charged: _____ \$

Please pay all future invoices with this credit card _____ Initials

THE UNDERSIGNED AGREES TO PAY ALL COSTS, INCLUDING A REASONABLE ATTORNEY FEE AND COURT COSTS, IF AN ATTORNEY IS EMPLOYED IN THE COLLECTION OF THIS DEBT.

X _____
Authorized Signature Date

820 25th Street * Suite 3 * West Palm Beach, Florida 33407

www.flagshipcharter.com

(561) 603-8383 Charter Line * (561) 655-9586 Fax