

Name (printed): \_

## MAINTENANCE, REPAIR, AND CREDIT CARD AUTHORIZATION

Clear2Fly Aerospace, LLC 500 Bill France Blvd #10485 Daytona Beach, FL 32120 Phone: 1-877-257-2359 Email: billing@clear2fly.com

Company or Operator:				Telephone:			
Address:				Em	ail:		
City:		;	State: Zip	: Da	te:		
AIRCRAFT			MODEL	REG NO.	,	SERIAL NO.	
A/C T.T. A/C C		YCLES	ENG T.T. (left)	ENG. CYCLES (left)	ENG T.T. (right)	ENG. CYCLES (right)	
Warranty P	Program - Aircraft, Av	ionics, Engir	ne, (etc.) Account #:				
Part 135	] Part 91 🗌 Ha	azmat Letter	☐ Maintenance	Controllers Name:			
CREDIT CA	RD INFORMATION						
Card Type:   Name on Card:							
Card #: Company Name on Card:							
Expiry Mor	nth:	Year:	Card Bill	Card Billing Address 1:			
CCV/Security Code: Card Billing Address 2:							
ITEM # AIRCRAFT REPAIR INSTRUCTIONS							
As designated herein, I (the undersigned) authorize the deposit, payment and/or work identified by Clear2Fly Aerospace, LLC, respectful of their Terms and Conditions associated with this authorization. I agree to pay the total according to the terms of agreement with the card issuer and I understand that, for credit billing, there will be an added three percent (3.5%) handling service fee. By signing (hand or digital) this authorization, I represent and warrant that the information provided herein is true and correct, and that the credit account described is valid and within my authority. I authorize the work, and parts required, as described herein. https://www.clear2fly.com/terms-and-conditions							

Signature (hand or digital):