



**4090 SW 30th Ave  
Fort Lauderdale, FL 33312  
Phone: (954) 492-3522  
Fax: (954) 202-0587**

## CREDIT CARD FORM

Customer Name: \_\_\_\_\_

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

Invoice #: \_\_\_\_\_

Amount Authorized: \_\_\_\_\_

Choose One:

VISA

AMEX

MC

DISC

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

Expiration: \_\_\_\_\_

Name On Card: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Receipt E-mail: \_\_\_\_\_

Verification Code (3 digit number found on back of card): \_\_\_\_\_

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

Please E-mail payment detail to: [accounting@sealaviation.com](mailto:accounting@sealaviation.com)

*Thank you for your business!*

[For internal use only] Approval Code: \_\_\_\_\_

**All charges subject to a 4% Handling Fee**