



**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

Thank you for your business!

[For internal use only] Approval Code: _____

All charges subject to a 4% Handling Fee