



3355 E. Spring St, Suite 100  
Long Beach, CA 90806  
Phone: 562 490-9777

**Credit Card Authorization Form**

**I/We hereby authorize SoCal Jet Services, Inc. to use the indicated credit card below as a means of payment for the following:**

**INVOICE #/ WORK ORDER NUMBER/ TAIL #:** \_\_\_\_\_

**CUSTOMER NAME:** \_\_\_\_\_

**CREDIT CARD TYPE:** \_\_\_\_\_

**CREDIT CARD #**

**EXP DATE:**   /

**CVC CODE:**

**CARDHOLDER NAME:** \_\_\_\_\_

**CARDHOLDER BILLING ADDR:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**CARDHOLDER PHONE #:** \_\_\_\_\_

**AMOUNT TO CHARGE THIS CARD:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE OF SIGNATURE:** \_\_\_\_\_

This form may be faxed or emailed: Fax (562)490-6969 email [billing@scjetz.com](mailto:billing@scjetz.com)