

Credit Card Authorization Form

This form must be completed inf full and all information must be true and correct in order for your payment to be processed. Please write legible and in English.

n lieu of my credit card imprint, I,
Hereby authorize Red Arrow Flight Academy to charge my order to the following credit card:
\Box MasterCard \Box VISA \Box Discover \Box AMEX
Card Number:
Expiration Date:
CVV2 Security Code:
The Billing address as it appears on my credit card statement:
Street Name:
Address (continued):
City, State, Zip Code:
Country:
Email Address for Receipt:
Phone Number:
Phone Number (Cell):
Cardholder Authorization Billing Amount
A \$1000 deposit will be taken during the application process. This money will be used to ship the I-20 form, register into our program and register for any required only ground school \$

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(Please fill in)

By signing below and submitting for payment, I acknowledge the Terms and Conditions. I also agree to waive any charge-back rights and in the event of a dispute, request for refund must be submitted in writing to Red Arrow Flight Academy for approval.

Signature:

(as it appears on cardholder's credit card)

Today's Date: _____

Please email to info@flyredarrow.com