



CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information:		
Company Name:		
Person Authorizing:		
Credit Card Type (Visa, MC, Amex, etc)		
Issuing Bank:		
Credit Card Number:		
Enter CVC number:		
Expiration Date:		
Billing Address:		
City:		
State/Province:		
ZIP/ Postal Code:		
Country:		
Phone Number:		
Fax Number:		
Please type YES or NO for one of the following Payment Option:		
Once <small>YES or NO</small>	Bill my credit card once for the following amount	
Weekly <small>YES or NO</small>	Bill my credit card once a week for the amount of service provided each week by Island Wings, Inc.	

The undersigned is the duly authorized representative of _____
 (Company named above)

Authorized signature _____ Date: _____

PLEASE FAX OR E-MAIL TO ROBERTO SMITH
FAX: 954-641-5996
E-MAIL: roberto@flyislandwings.com