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**CREDIT CARD TRANSACTION FORM
AUTHORIZATION TO CHARGE CREDIT CARD FOR EXCHANGES/CORES**

TERMS AND CONDITIONS

The attached authorization form must be filled out completely and signed on pages 1 and 2. Both pages must be submitted.

A SCANNED OR PHOTO COPY OF BOTH SIDES OF THE SIGNED CREDIT CARD MUST BE PROVIDED.

I authorize CAPS Aviation, a Corporate Air Parts, Inc. company, to charge my credit card for payment of exchanges/core unit(s). If the card payment does not process, then I will be responsible for an alternate payment arrangement and any resulting processing fees.

I certify by my signature on page 2, I am the authorized user on the card as listed on this form and have authorized CAPS Aviation to process payment as designated. ***If I wish to authorize a recurring use of this form to charge my card, I must sign and date on BOTH signature lines on page 2.***

I understand that the charge reflected on my Credit Card Statement will be in the name of **"CAPS Aviation, Van Nuys, California"**.

I have read and understand the credit card terms and conditions as outline above.

NAME OF COMPANY/PURCHASER

AUTHORIZED SIGNATURE

DATE

CAPS AVIATION AUTHORIZATION TO PROCESS CREDIT CARD TRANSACTION FOR EXCHANGE/CORES

Company/Purchaser Name: _____

Type of Credit Card: AMEX VISA MASTER CARD

Cardholder Name: _____

Card #: ____ / ____ / ____

Expiration Date: Security Code: _____

Billing Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Aircraft Tail: _____ Aircraft S/N: _____

CAPS INVOICE

CUSTOMER PO

THIS AUTHORIZES THE ABOVE CARD TO BE CHARGED FOR PAYMENT FOR THIS EXCHANGE/CORE UNIT TRANSACTION AS INVOICED BY CORPORATE AIR PARTS, INC. dba CAPS AVIATION. THIS ALSO SERVES AS AUTHORIZATION TO CHARGE THIS CARD FOR THE COSTS TO REPLACE/REPAIR AS-REMOVED CORE(S) DUE TO LOSS, THEFT OR DAMAGE WHILE IN YOUR POSSESSION. IF THE CORE(S) ARE EVALUATED TO BE BEYOND ECONOMICAL REPAIR OR HAVE EXCESSIVE CORE CHARGES, A TEAR-DOWN REPORT WILL BE AVAILABLE AND YOU WILL HAVE (5) FIVE BUSINESS DAYS TO PROVIDE LIKE FOR LIKE CORE(S) AS REPLACEMENT OR OWE FOR THE COST OF REPAIR AND/OR EXCHANGE OF THE CORE UNIT(S).

Cardholder Signature:

Date:

MY SIGNATURE BELOW IS MY CONSENT TO CHARGE THE ABOVE CARD ON A RECURRING BASIS FOR ALL FUTURE TRANSACTIONS AS BILLED BY CORPORATE AIR PARTS, INC. dba CAPS AVIATION FOR EXCHANGE/CORE UNIT(S) AND SHALL REMAIN IN FORCE UNTIL CANCELLED BY ME IN WRITING. ALL TERMS AS OUTLINED ABOVE SHALL APPLY.

Cardholder Signature:

Date:

By signing this authorization, I acknowledge that I have read all terms and conditions, agree as the authorized cardholder to all charges as designated, and further warrant all information provided is accurate.