

MVP Aviation - Credit Card Payment Authorization

Please sign and complete this form to authorize MVP Aviation to charge your credit card listed below. This information will be retained on-file for future authorizations. We do not retain your CV Code and will not make a charge without your expressed approval.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for this initial transaction, and does not provide authorization for any additional or unrelated debits or credits to your account unless otherwise authorized.

I, _____, (Cardholder's Full Name) authorize MVP Aviation to charge my credit card account indicated below in the amount of (please indicate amount in "Total"). A 3% processing fee will be added.

THIS CHARGE IS FOR Aviation Ground Training or OTHER as specified:

- | | |
|--|----------|
| <input type="checkbox"/> At-the-door: April 24th, 2021 \$15 (subsequent classes \$25 at the door) | \$ _____ |
| <input type="checkbox"/> 5 Class Pass (regular price) \$100 (\$20 per class) | \$ _____ |
| <input type="checkbox"/> 10 Class Pass (regular price) \$175 (\$17.50 per class) | \$ _____ |
| <input type="checkbox"/> 15 Class Pass (regular price) \$225 (\$15 per class) | \$ _____ |
| <input type="checkbox"/> 5 Class Pass (high-school student discount) \$75 (\$15 per class) | \$ _____ |
| <input type="checkbox"/> 10 Class Pass (high-school student discount) \$125 (\$12.50 per class) | \$ _____ |
| <input type="checkbox"/> 15 Class Pass (high-school student discount) \$150 (\$10 per class) | \$ _____ |
| <input type="checkbox"/> OTHER (please specify) _____ | \$ _____ |
| TOTAL
(Plus 3%) | \$ _____ |

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____

Account/CC Number _____ Exp. Date ____ / ____

CVV: Please text your CVV to 803.439.9544 (**DO NOT WRITE YOUR CVV ON THIS FORM**)

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. This information may be kept on-file for future use contingent upon my approval.

SIGNATURE (cardholder) _____ DATE _____