

Airborne Elite, LLC

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General Credit Card Authorization Form

I, _____ authorize Airborne Elite, LLC to charge my credit card for all outstanding balances remaining unpaid for more than two business days after the service has been rendered.

Name on Credit Card: _____

Billing Street Address: _____

City, State, Zip Code: _____

Type of Card: _____

Number: _____

Expiration Date: _____

Security Code: _____

Signature: _____

Print Name: _____

Today's Date: _____