

West Bend Air, Inc.
Post Office Box 409
West Bend, WI 53095

Fond du Lac Skyport
N6308 Rolling Meadows Dr.
Fond du Lac, WI 54937

262.334.5603 phone
262.334.5662 fax

920.922.6000 phone
920.922.8706 fax



CREDIT CARD AUTHORIZATION

Name as It Appears
On Credit Card: _____

Address at Which You Receive
Your Credit Card Statement: _____

Credit Card #: _____ Exp. Date: _____ Type: _____

I, _____, authorize West Bend Air, Inc. to charge the credit card referenced above as (check one please),

_____ Payment for services rendered, If the customer is not present to swipe the card, a convenience will be assessed to cover bank costs.

- OR -

_____ Backup payment for remittances not received within 30 days or the terms of my account or for returned checks.

I further understand that if I am not present to swipe the card, a 2% convenience fee will be assessed to cover higher non-swiped bank charges.

Signature

Date

Print Name

REV 06/09