



13000 East Control Tower Road, Box K-16; Englewood, CO 80112
303-799-6794 | www.aspenflyigclub.com | fly@aspenflyigclub.com

Credit Card Authorization

I, _____, (name as it appears on card) hereby authorize Aspen Flying Club to charge my credit card for monthly membership dues and any expenses arising from after-hours use of club aircraft. Charges to my credit card account shall not exceed: \$ _____ per month.

Credit Card Information:

() VISA () MasterCard () American Express () Discover

Credit Card Number: _____

Expiration Date: ____ / ____ VID Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____

Telephone: (____) ____ - _____

Authorization:

Authorization Valid Until (check one): Indefinite

____ / ____
Month / Year

Cardholder's Signature

____/____/____
Date

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. Aspen Flying Club will keep all information entered on this form strictly confidential.