

CREDIT CARD / CHARGE AUTHORIZATION FORM

For your convenience and security, Airborne Air Ambulance Private Jet required this authorization form to be completed in order to accept your card payment. Please complete the information requested below and mail us on contact@airborneprivatejet.com. Once your signature is on file you will not need to send in this form again.

CREDIT / DEBIT/ NET BANKING CHARGE AUTHORIZATION DETAILS

Full Name of the Card Holder :
Mail ID of the Card Holder :
Mobile Number & Alternative Number:
Address of the Card Holder :
Payment Mode :
Total Amount :
Bank Ref ID :
IP address :

PHOTO ID MUST BE CLEAR ENOUGH FOR US TO AUTHENTICATE YOUR SIGNATURE

<p>Copy of Photo ID with SIGNATURE of the Cardholder (e.g. Driver License, Passport)you can fax this on a separate page and reference your username</p>	<p>SIGN</p>
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Being the card holder, by signing below I understand and agree to pay, and specifically authorize and confirm that I have done the abovementioned transaction/s from/through the website www.airborneprivatejet.com for the above mentioned amount.

I agree that I will be responsible for all payments via this credit card/Bank account. I hereby state that, I have received the goods/services from Airborne Air Ambulance Private Jet and I further state that, I will not dispute or chargeback for the above mentioned transaction/s done by me for any reason.

Signature (Cardholder):

Date:

Name:

Airborne Air Ambulance Private Jet

Web site www.airboneprivatejet.com Email contact@airboneprivatejet.com

Contact Number :+91 8089897758 : +91 8147414167