



15 Brewster Rd, Newark, NJ 07114

Phone: [REDACTED]

Fax: [REDACTED]
www.heliflite.com

Email: [REDACTED]

QUOTE FOR AIRCRAFT SERVICES

Quoted For: Larry Visoski
Contact: Larry Visoski
Address:

Quote Number: 4521
Date Quoted: 03 Sep 2013

Phone: [REDACTED]
Fax:
Email: [REDACTED]

Aircraft: BHT- 430
Tail #: TRIP REQ

Date of trip: 07 Sep 2013 to 07 Sep 2013

LEG	DATE	ETD	DEPARTURE CITY	ARRIVAL CITY	ETA	PAX	STAT MILES	ETE	TZC
1	07 Sep 2013	8:30am	NEW YORK, NY (JRA)	BETHLEHEM, CT (CT01)	9:06am	4	78	00:36	
2	07 Sep 2013	6:00pm	BETHLEHEM, CT (CT01)	NEW YORK, NY (JRA)	6:36pm	4	78	00:36	
							156	01:12	

	QUANTITY	RATE	AMOUNT
Aircraft Charter /Est. Block Time	01:12	4,650.00 /hr	5,580.00
Aircraft Positioning /Est. Block Time	00:36	4,650.00 /hr	2,790.00
SUBTOTAL			8,370.00
Discount = -20.0 %			-1,674.00
SUBTOTAL			6,696.00
OPS FEE	1		1,685.00
Segment Tax	8		31.20
SUBTOTAL			8,412.20
F.E.T.			628.58
GRAND TOTAL			\$9,040.78

COMMENTS:



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CANCELLATION: A cancellation fee will be charged if the charter is cancelled with less than 24 hours notice of scheduled departure, plus any costs incurred.

NOTE: Costs incurred may include crew expenses and other costs incurred or not cancellable.

HAZMAT: Transport of hazardous material is prohibited.

PAYMENT: HeliFlite reserves the right to require prepayment of the entire quoted itinerary. Unless otherwise specified, all invoices are due upon receipt. HeliFlite may extend credit to customers on a case by case basis. All invoices are subject to a 5% late fee effective 10 days after the date of invoice at which time the credit card on file will be charged along with a 3.5% administration fee. The client may opt for one of two available payment options:

TAX: When taxes are not quoted, tax collection and appropriate tax payments are the responsibility of the client.

Please check one of the options below upon confirmation of booking:

Wire Transfer prior to trip departure to: HeliFlite Shares, LLC, 15 Brewster Road North, Newark NJ 07114

[REDACTED]
ABA Routing Number:
Account Number:
Swift Code:

Credit Card (American Express, Visa, MasterCard):

CARD TYPE

CARD NUMBER

EXPIRATION DATE

CVC

NAME AS IT APPEARS ON CARD

BILLING ADDRESS

CITY

STATE

ZIP CODE

Although pre-payment may be necessary, credit card information is required as a guarantee for possible additional charges such as but not limited to catering, ground transportation and other operational fees until invoice is paid. Heliport parking charges will apply if client is late. Wait timecharges will also be billed at \$400.00 per hour. If payment for additional charges is not received within 10 days of invoice date, the credit card will be charged plus a 3.5% processing fee.

By signing below, I authorize HeliFlite Shares, LLC to charge my credit card and accept the above itinerary with the terms and conditions stated to reserve the aircraft.

SIGNATURE: _____ Date _____

Title _____

HeliFlite Shares, LLC