



Credit Card Authorization Form

Please fax a copy of your Driver's License and Credit Card along with this form back to 877.408.0041.

Client

Jege LLC

Attention: Larry Visoski

Phone: [REDACTED]

Fax: [REDACTED]

Email: [REDACTED]

Trip Details

Quote Num: 23274

Travel Date(s): 09/08/2014

Salesperson: PETER

Itinerary: SAF-IAD

Credit Card Information

Credit Card Number:

Card Expiration Date:

[REDACTED]

[REDACTED] / [REDACTED]

Vcode:

[REDACTED]

Total Charges:

\$23,163.95

Charge above includes e-transaction fee of 5%

Card Type: [] Visa [] MasterCard [] American Express

Cardholder's Name and Card Billing Phone Number:

Card Billing Address:

[REDACTED]

[REDACTED]

Select Payment Option: (check option)

Note: Quote is not confirmed until funds have been secured using one of the following methods. Credit Card above will be authorized for all options

Prepay by wire transfer required 84 hours prior to any aircraft movement associated with flight request. Bookings within 84 hours will be handled on a case-by-case basis.

Prepay Discounted Amt:

\$22,060.90

Payment to occur Net 10 upon flight completion date of the above schedule. I will adhere to the terms and conditions of the InJet Credit Application/Agreement. Subject to approval.

Net Payment Amt:

\$22,502.12

Authorize the above card and then charge above card upon completion of the flight(s)

Credit Card Charge Amt:

\$23,163.95

Signature Details

By signing this "Credit Card Authorization Form" I am accepting the "Total Charges" represented and that the credit card I have provided will be the primary method of payment. I understand that in the event I select the invoicing payment method to settle my account, and InJet does not receive payment within 10 days from the start date of the flight, the credit card will be charged the "Total Charges" amount plus any applicable surcharges. By signing, I guarantee that the credit card I have provided is capable of supporting the above charges, is hereby authorized for that usage, and I agree to make payment according to my "Card Issue Agreement" terms.

PLEASE INITIAL HERE TO CONFIRM UNDERSTANDING OF THE ABOVE _____

For ACP Office use only

Auth Code	Date Obtained	Rep
[REDACTED]	[REDACTED]	[REDACTED]

4145 Southern Blvd. / Suite 5-8
West Palm Beach, FL 33406

Phone: [REDACTED]

Email: [REDACTED]