



CHARTER CONFIRMATION AGREEMENT

Larry Visoski

Bohlke International Airways agrees in contract to provide air charter service as follows:

West Palm Beach (KPBI) – St. Thomas (TIST) on March 4, 2012. These services will be completed in our Citation II N267BB for the total sum of \$15,000.00USD provided the following conditions are met:

To guarantee this trip: A credit card number is required along with return receipt of this signed document to hold the date and time of charter. Payment in the form of a credit card, check or wire transfer must be received for the full amount of the trip **30** days prior to the trips departure. If payment is not received **30** days before the trips departure a hold will be placed on the credit card for the full price of the trip with a 5% penalty. If payment is still not received after **20** days from the departure of the trip, the credit card will be ran for the full trip amount. Any flights cancelled more than **30** days prior to departure date will not be charged. If any flight is cancelled more than **20** days, but less than **30** days prior to departure, will be charged 25% of the total cost of the trip. Any flights cancelled within **48** hours to **20** days prior to departure are subject to payment of 50% the quoted price. Flights cancelled **24** hours prior to departure, or client no show flights, will pay the full quoted price. Bohlke International Airways shall not be held liable for cancelation of flight due to inclement or adverse weather conditions, patterns or associated factors, last minute aircraft discrepancies, acts of war, terrorism, or any combinations of the factors listed in this paragraph.

Full payment is due 30 days prior to the day of departure: March 4, 2012

NON U.S. CITIZENS OR LEGAL RESIDENTS WILL REQUIRE A VALID VISA TO REENTER THE UNITED STATES. DUE TO INCREASED SAFETY REGULATIONS PLEASE FAX / EMAIL A PASSENGER LIST WITH FULL NAME OF EACH PASSENGER AS IT APPEARS ON THEIR DRIVER LICENSE, DATE OF BIRTH, CITIZENSHIP AND PASSPORT NUMBER WITH THIS AGREEMENT.

C.C. _____ Security Code _____ Exp Date _____

Cardholder Name/Signature _____

Address _____

Contact Phone Number _____

Authorized Signature/Printed Name/Date _____

Please mark method of full payment (must be received 5 days prior to trips departure):

Credit Card _____ Check _____ Wire Transfer _____

R.R. 1 Box 9936 Henry E. Rohlsen Airport, St. Croix, USVI 00851

T: [REDACTED] F: [REDACTED]