

ISO 9001 REGISTERED





Credit Card Payment Authorization Form

Please complete and sign this form authorizing *NSL Aerospace* to debit your credit card listed below. By signing this form, you give *NSL Aerospace* permission to debit your account for the total amount of the invoice.

Keep credit card information on hand (Please pick one of the following choices.)	i.		
☐ For current and all future orders			
\square Only for the purchase order listed	below		
Please complete the information belo	w:		
I amount of each invoice. Per my above s and future orders or for the single purcha	election, I either authorize NSL Aeros		
PO#	Amount \$	·	
Company Name:			
Credit Card Billing Address	Phone #		-
City, State, Zip	Email		
Account Type: Visa Master	Card AMEX		
Cardholder Name		_	
Account Number			
Expiration Date			
CVC Code:			
SIGNATURE:	DATE	<u>:</u>	

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.