



2035 Beechcraft Rd

Salina, KS 67401

P: (785) 825-6739 F: (785) 825-0931

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Tail #: \_\_\_\_\_ Aircraft Type: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

I authorize AVFLIGHT SALINA to charge my credit card for any fees, including, but not limited to, fuel, deice, and service charges.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Copy of Credit Card