



Jet International Company, L.L.C.
1811 Elmdale Avenue
Glenview, Illinois 60026-1355
(847) 657-8666 | FAX (847) 657-9197
www.jetinternational.com

Credit Card Information Form

Customer Name _____

Jet International Quote or Invoice Number _____ Customer Purchase Order Invoice _____

Charge Amount Purchase \$ + 3% Convenience Fee \$ = Total Charge \$

Order Date _____

Credit Card Type MasterCard Visa Amex

Credit Card # _____ - _____ - _____ - _____

Expiration Date ____ / ____ (MM/YY)

Security Number or CVV _____

Full Name as it appears on Credit Card _____

Billing Address Street _____

Billing Address City, State, Zip _____

Telephone # _____

The signature below signifies that you hereby authorize Jet International Company, L.L.C. to charge the credit card listed above for the services indicated on the Quote/Invoice listed above. Your signature below confirms you are the cardholder or are authorized by the cardholder to charge the credit card listed. Without this form signed, we will not authorize the charge to be added to your card. I understand this will post as a charge on the credit card account listed above and that I authorize such charge. Please contact us with any questions regarding this form.

Cardholder Signature _____

Printed Name of Cardholder _____

Fax this form to (847) 657-9197 when completed.