



AARGUS AIR CHARTER CREDIT CARD FORM

Card # _____ Type Card _____ Exp Date ____/20__

Name on Card _____

Contact E-Mail: _____

Card Address: _____

Phone: () _____ Fax: () _____ Cell: () _____

TERMS

HOLD ONLY FOR PAYMENT WITH 10 DAYS

We will place a HOLD ONLY on your credit card for the quoted amount. If terms below are met, it will result on no fees of any kind on your credit card account.

1. Our standard terms are payment within 10 days from mailing date of invoice. Please mail check and we will remove HOLD on credit card. If check not received within 10 days of invoice date, credit card will be charged with processing fees of 4% will be added to invoice amount. *(We will attempt to call you before we proceed with a card charge)*

CHARGE MY CREDIT CARD FOR THIS TRIP

All flight cancellations will be charged a flat fee of 10% of original invoice amount if less than 24 hours from departure time.

Your name: _____

Signature: _____ Date: _____

**PLEASE RETURN BY FAX TO 616-608-3869
OR SCAN AND EMAIL TO
*gr@aargus.com***