RESET FORM

Clear2Fly Aerospace, LLC
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CLEAR2FLY® AEROSPACE

MAINTENANCE, REPAIR, AND CREDIT CARD AUTHORIZATION

Company or Operator: _____ Telephone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Date: _____

AIRCRAFT	MODEL	REG NO.	SERIAL NO.

A/C T.T.	A/C CYCLES	ENG T.T. (left)	ENG. CYCLES (left)	ENG T.T. (right)	ENG. CYCLES (right)

Warranty Program - Aircraft, Avionics, Engine, (etc.) Account #: _____

Part 135 ☐ Part 91 ☐ Hazmat Letter ☐ Maintenance Controllers Name: _____

CREDIT CARD INFORMATION

Card Type: _____ Name on Card: _____

Card #: _____ Company Name on Card: _____

Expiry Month: _____ Year: _____ Card Billing Address 1: _____

CCV/Security Code: _____ Card Billing Address 2: _____

ITEM #	AIRCRAFT REPAIR INSTRUCTIONS

As designated herein, I (*the undersigned*) authorize the deposit, payment and/or work identified by Clear2Fly Aerospace, LLC, respectful of their Terms and Conditions associated with this authorization. I agree to pay the total according to the terms of agreement with the card issuer and I understand that, for credit billing, there will be an added three percent (3.5%) handling service fee. By signing (hand or digital) this authorization, I represent and warrant that the information provided herein is true and correct, and that the credit account described is valid and within my authority. I authorize the work, and parts required, as described herein.

Terms and Conditions:

Click Here

Revision Date: 02/20/2023

Name (printed): _____ Signature (hand or digital): _____