



Billing Information Form

Name (Last) _____ (First) _____ (M.I.) _____

Physical Address _____

City _____, State _____ Zip Code _____

Mailing Address (if different from above) _____

City _____, State _____ Zip Code _____

State or Federal Photo I.D. (Type) _____

I.D. # _____ Expiration Date ____ - ____ - ____

Credit/Debit Card  ()  ()  ()  ()

Card # ____ - ____ - ____ - ____ Expiration Date ____ - ____ - ____

Name on Card _____

Billing Zip Code _____

I, _____, hereby authorize Ace Aviation, Inc. to draw funds from my credit card on file in the event of:

1. Flight training or aircraft rental at my request.
2. My failure to appear at a scheduled lesson or aircraft rental, or I fail to notify Ace Aviation, Inc. staff that I do not plan to appear at a scheduled event, one hour of aircraft rental and/or one hour of flight instruction fees will be charged.
3. If I (the Renter/Student) am found liable for an accident or incident involving an Ace Aviation, Inc. aircraft or an aircraft leased to Ace Aviation, Inc., and I fail to pay the insurance deductible of \$3,500.00 within 14 days after the person of fault had been determined, Ace Aviation, Inc. has the right to draw \$3,500.00 from my card on file.

Signature _____ Date ____ - ____ - ____