

KRN AVIATION SERVICES



450 N. McCLINTOCK, SUITE 101, CHANDLER, ARIZONA 85226
PHONE: (480) 753-0752 (800) 366-6462 FAX: (480) 961-8971 WWW.KRN.COM

BANKCARD AUTHORIZATION APPLICATION

(Revised: 06/26/2008)

Company Name: _____

Cardholder Name: _____

Bankcard Billing Address: _____

City, State, & Zip: _____

Cardholder Phone #: _____ After-Hours Phone #: _____

First and last name(s) of person(s) authorized to make purchases other than Cardholder
If any:

Bankcard Type: MasterCard Visa American Express Discover

Number _____ Expires (mm/yy): _____

Three Digit Code on Back of Visa, MasterCard, or Discover _____

Four Digit Code on Front of American Express _____

I, _____, am the above Cardholder, and authorize the above person(s) to order parts on this account. I understand that all payments to KRN Aviation Services will be charged to the credit card above. Furthermore, I understand that there may be circumstances in which a deposit is required at the time the order is placed.

This authorization is only valid for the purchase of aircraft parts through KRN, INC. d/b/a KRN Aviation Services. This form must be on file before KRN, INC. is able to accept a bankcard for payment of merchandise.

Signature of Cardholder: _____ Date: _____

In office use:

Account Number: _____ Date: _____

Processed by: _____ Date: _____