



Peterson Aero Club & Flight Training Center

325 Hamilton Ave., Hangar 133

Peterson SFB, CO 80914

Phone Number: (719) 556-4310

Office Hours: M-F, 0830-1400 / Aircraft available for rent 24/7

Aero Club Manager: Justin Hoover

Chief Flight Instructor: Les Cox

Credit Card Recurring Payment Authorization Form

You authorize regularly scheduled charges to your Visa, MasterCard, or American Express. You will be charged each billing period for the total amount due for activity occurring during that period. Additionally, once a month, membership dues will be automatically charged. To cancel your membership, please provide written notice thirty days prior to termination.

Please complete the information below:

I _____ authorize Peterson Aero Club / Rocky Mountain Flight Training Center to charge my credit card indicated below, ending in (last 4) _____, when services are rendered at the Aero Club, in addition to once-a-month membership dues.

I understand that I will only receive advance notice of the charge if it exceeds an amount different than authorized on my invoice.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

SIGNATURE _____

DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

***** Bottom portion will be removed and shredded. Top portion is retained for our records. *****

Account Type: Visa MasterCard American Express

Cardholder Name _____

Card Number _____

Expiration Date _____ CVV (3 digit number on back of Visa/MC) _____

SIGNATURE _____

DATE _____