



6701 N.W. 12th Avenue • Ft. Lauderdale, FL 33309
Tel.: (954) 972-2807 • Fax: (954) 972-2708

TO: _____ FROM: _____

FAX: _____

CRS JET SPARES Credit Card Transaction Authorization Form

Customer #: _____ Date: _____

Company Name: _____ Individual Name: _____

CRS Sales Representative: _____

Sales Order#: _____ Inv. #: _____

Amount to be charged:\$ _____ Includes applicable fees: freight, handling, insurance, etc.

Visa _____ Master Card _____ Amex _____ Discover _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Customer Code: _____
(Last three/four digits on back of your credit card.)

Company Name on Credit Card: _____

Individual Name on Credit Card: _____

**By my signature, I certify that I am authorized to execute this transaction and that I agree to pay all charges related to the above transaction(s).
It is understood that if unit is not returned in agreed to time frame, is found to be an unacceptable core or in the event that an additional billing is required for above and beyond normal charges, this same credit card may be utilized to cover such charges.**

Signature: _____ Date: _____

Print Name: _____ Title: _____

Authorization Number: _____
(To be filled out by CRS Jet Spares.)

******Please Return To Fax # 954-972-2708******