Air New England

# Credit Card Authorization

RESERVATION NAME _____ RESERVATION DATE _____

TYPE OF CARD ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

NAME ON CARD _____

CARD NUMBER _____

EXPIRATION _____ SECURITY CODE _____

BILLING ADDRESS
*PLEASE FILL OUT IN ENTIRETY. WE ARE UNABLE TO PROCESS YOUR PAYMENT OTHERWISE.*

_____
STREET ADDRESS

_____
UNIT / SUITE / APPARTMENT / BOX NO. / ETC.

_____
CITY STATE ZIP CODE

PHONE NUMBER _____

EMAIL ADDRESS _____

I, the card holder or authorized representative, hereby authorize Air New England, LLC to electronically debit my account (and, if necessary, credit my account to correct erroneous debits) in the full amount to operate the above referenced charter flight(s). I understand that payments made with a credit or debit card are subject to a 3.5% surcharge to cover payment card industry processing fees. I understand that this authorization will remain in full forced and effect until I notify Air New England, LLC in writing that I wish to revoke this authorization. If the payment is rejected due to Non Sufficient Funds (NSF), I understand that Air New England may attempt to process the transaction again within 30 days, and I agree to an additional $50.00 charge for each attempt that is returned due to NSF, which may be initiated as a separate transaction from the authorized payment.

NAME OF AUTHORIZED SIGNER _____ SIGNATURE _____ DATE _____

2 Lafleur Road
Waterville, ME 04901

+1 603-351-5151
+1 833-235-9263

info@airnewengland.com
www.airnewengland.com