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CREDIT CARD AUTHORIZATION FORM

Note: Please complete the below as appropriate.	
I	duly authorize the Civil Aviation Authority of the as follows:
Cayman Islands to debit my Credit Card Account a	as follows:
SERVICE REQUESTED:	
CUSTOMER NAME/AIRCRAFT REGISTRATION NUMBER: AIRCRAFT OPERATING AGENCY NAME/APPLICANT REQUESTING CHARTER:	
AMOUNT IN WORDS:	
VISA/MASTERCARD PAYMENTS ARE N https://www.caacayman.com/payments/	OW MADE ONLINE AT THE CAA WEBSITE
AMERICAN EXPRESS #	Expiration date:
CARDHOLDER NAME:	
CREDIT CARD BILLING ADDRESS AND	CORPORATION NAME
MAIL RECEIPT TO:	
CONTACT NUMBERS: TEL	FAX
CARDHOLDER EMAIL:	
SIGNATURE OF CARD HOLDER:	