

Payment Form by Credit Card

Your Full Name	
Reason for Payment	

Card Holder Authorisation

I hereby authorise Jet Flight & Instructor Training Ltd to charge my credit/debit as identified below:

For the amount of £ _____

Signed: _____ Date: _____

Credit Card Information

Credit Card Number: _____

Expiry Date: ____/____ Valid from: ____/____

Card Issue number (Maestro Only) ____ ____

Security Code CCV (last 3 digits on reverse of card) ____ ____ ____

Name on Card (please print): _____

Card Holders Signature: _____

Please tick one of the credit card types:

VISA

MasterCard

Other



Please Fax the completed form to fax number +44 333 800 2777

or email admin@jettraining.net