

# EAA® AirVenture® Oshkosh™ 2017 Exhibit Payment Authorization Form



I hereby authorize Experimental Aircraft Association, Inc. to make payment toward the cost of my AirVenture 2017 exhibit space and other incidentals (admission passes, parking access, etc.).

Company Name: \_\_\_\_\_

D/B/A/ Name: \_\_\_\_\_ Booth/Space No.: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please make this payment using the following:

☐ Visa      ☐ MasterCard      ☐ Discover      ☐ American Express

Card number:

Expiration:   /        Security Code:

Name on card and authorized signor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to pay the above total amount according to the card issuer agreement. I hereby authorize recurring charges, if necessary, to initiate adjustments or correct errors. I certify that I am the authorized holder and signor of the credit card reference above. I certify that all information and statements above are accurate to the best of my knowledge.

## Please complete this form and mail or fax to:

EAA Accounts Receivable Department  
PO Box 3043  
Oshkosh WI 54903-3043

Fax: 920-426-6865  
Intl Fax: +1 920 426 6865

**PLEASE DO NOT EMAIL  
CREDIT CARD INFORMATION.  
Email is not secure and places  
your card information at risk.  
Thank you.**