

AirVenture 2015 Exhibit Payment Authorization Form



I hereby authorize the Experimental Aircraft Association to make payment toward the cost of my AirVenture 2015 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.**