



Sky Fly Srl
Piazza G. Bovio, 22
80133 Napoli - Italy
Phone: +39 3460423687
Fax: +39 081 7643726

Credit Card Authorization Form

I, _____, on behalf of _____
authorize **SKY FLY** Srl to use the credit card information provided to cover the charges as
indicated below.

CARD HOLDER INFORMATION

Name: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Email Address: _____

PAYMENT AUTHORIZATION

Card Type: Visa MasterCard Discover Amex

Card Number: _____ Expiry Date: _____

Card Identification Number (CVV2 Code): _____

Telephone Number: _____ Fax Number: _____

Print Name as it appears on Credit Card: _____

Signature: _____

Date: _____

Authorized Charges:

The authorization above pertains ONLY to the PO / RO and the charges authorized above.
PLEASE PROVIDE A LEGIBLE COPY OF THE CREDIT CARD FRONT AND BACK AND PHOTO ID.
This is in order to verify the card number and signature for a valid authorization.