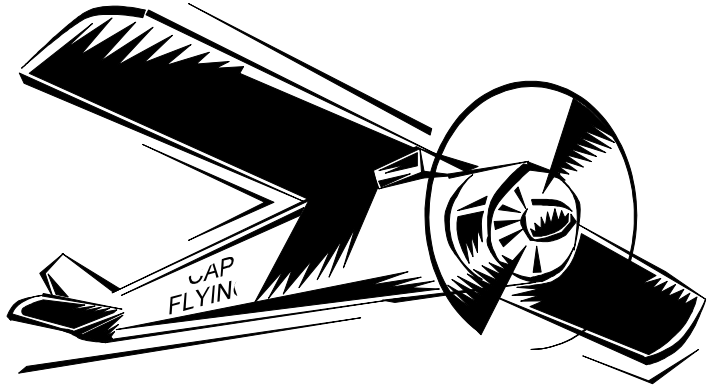


# CAP FLYING, INC.

P.O. Box 699

Plymouth, FL

407-880-4973 (Answer Machine/leave message)



**MAIL BACK TO THE ABOVE ADDRESS.  
I NEED YOUR ORIGINAL SIGNATURE  
ON FILE BEFORE I CAN CHARGE YOUR  
CARD.**

**E-Mail (jgrady@jagcinc.com)**

**CAP FLYING, INC. HAS MY AUTHORIZATION TO CHARGE THE BELOW  
REFERENCED CREDIT CARD FOR FLYING TIME, PARTS/EQUIPMENT,  
MEMBERSHIP FEE, STOCK ACQUISITION, MONTHLY FLYING FEES AND ETC.  
(SEE BELOW DETAILS)**

CAPF Account No \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

(STREET)

STATE

ZIP

Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_ @ \_\_\_\_\_

SPECIAL BILLING DETAIL IF OTHER THAN STANDARD:

\_\_\_\_\_  
\_\_\_\_\_

M/C-VISA ACCT. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Discovery-American Esp) PLEASE CIRCLE ONE

EXPIRATION DATE \_\_\_\_ - \_\_\_\_

TODAY'S DATE \_\_\_\_\_

**CUSTOMER SIGNATURE** \_\_\_\_\_