AIRCRAFT ELECTRONICS ASSOCIATION

Enter your information below. Click the Print button at the bottom of the page. Fax the printout to AEA at 816-347-8405

Credit Card Payment Form

Name: _____

Company Name: _____

Telephone: _____

Mailing Address: _____

City: _____ **State:** ____ **Postal Code:** _____

Country: _____

E-mail: _____

Type of Card: MasterCard ☐ American Express ☐ Visa ☐

Card Number: _____

Name on Card: _____

Billing Address: _____

Expiration Date: _____ **3 or 4 Digit Security # on Card:** _____

Amount to be Charged: $ _____

Signature: _____ **Date:** 10/27/2009

AUTOMATIC PAYMENT SERVICE

AEA offers members the option of automatic payments by credit card.

Please keep this credit card information on file to use for regularly scheduled charges:
(Place an ✔ next to each choice)

EEDirect: ☐ Educational Foundation Donation: ☐

By checking one or more of the items above, I am authorizing the AEA to use the above credit card to pay for these charges. I understand the AEA will automatically send me an invoice with a credit card receipt for each charge.

I understand I can stop this automatic payment service at any time with written communications to AEA.

_____ 10/27/2009

Signature Date

International Headquarters: 3570 NE Ralph Powell Road, Lee's Summit, MO 64064 Phone: 816-347-8400 Fax: 816-347-8405

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