

RHC CREDIT CARD AUTHORIZATION

Please complete and fax back to Robinson Helicopter.

RHC Sales Rep: _____

From: _____

RHC Fax: 310-539-5198

Phone: _____

Company: _____

RHC Sales Order Number _____

Amount Authorized: USD _____

Customer agrees to a 2.5% AOG processing fee to be added to the order.

Credit card billing information:

Name (Listed on credit card) _____

Address _____

Card Type (Check one): AMEX VISA MASTERCARD DISCOVER

Credit Card Number: _____

Security Code (3-digit Visa/Mastercard/Discover, 4-digit American Express) _____

Expiration Date: _____

X _____ Date _____

Cardmember acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the cardmember's agreement with the issuer.

RHC APPROVAL _____ DATE _____