

I authorize **SHEFFIELD SCHOOL OF AERONAUTICS** to charge my credit card for all applicable charges to attend the School and to take the agreed Aircraft Dispatcher Course. I understand certain terms and conditions apply in the event of refund. I agree with the following and understand I will be responsible for cost of said course(s) and/or housing:

1. I certify that I am 21 years of age, and that the statements I have made in the Application for Admission are true to the best of my knowledge.
2. I have received and read the School Catalog or read the online School Catalog, including the Terms & Conditions related to enrollment and attendance, as well as the Refund Policy.
3. Credit card payments are in US dollars.

Type of Card: **VISA or Master Card or Discover (circle one)**

Name of Issuing Bank: _____

Credit Card Number: _____

Expiration Date: ____ / ____

Name of Card Holder: _____

Billing Address
(street, city and zip) _____

Amount to be charged in
U.S. Dollars: \$____ , ____ .00

Signature: _____ **Date:** _____

Name of Student: _____ **Class starting date:** _____

Phone number & Email where you can be reached: _____

Fax to: Sheffield School of Aeronautics **(954) 584-8980**

Attn: Katja Morris
499 N.W. 70th Ave. Ft. Lauderdale, FL 33317-7572
Tel. (954) 581-6022