



## VELOCITY ENROLLMENT FORM

### Your Company Information

Company Name: \_\_\_\_\_ Airport ID: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Homepage: \_\_\_\_\_ Email: \_\_\_\_\_

Email for Quotes: \_\_\_\_\_

### Program Enrollment – Please check box next to desired program.

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> <b>Take-Off Program</b>   | <b>Complimentary</b>            |
| <input type="checkbox"/> <b>Altitude Program</b>   | <b>\$180.00/Year</b>            |
| <input type="checkbox"/> <b>Mach Speed Program</b> | <b>\$480.00/Year</b>            |
| <input type="checkbox"/> <b>Options</b>            | <b>\$50 each Total \$ _____</b> |

### Billing Credit Card Information

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ (month/year)  VISA  MASTERCARD  AMX

Billing Address:  Check box if address is the same as above.

Address: \_\_\_\_\_ Suite \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Terms and Conditions

I AGREE TO COMPLY WITH THE CONDITIONS AND TERMS OF ENROLLMENT WHICH CAN BE VIEWED ON JET REPAIR ANYWHERE'S WEBSITE: [www.jetrepairanywhere.com](http://www.jetrepairanywhere.com). I authorize Jet Repair Anywhere to charge the above mentioned credit card for the total price indicated next to the program checked in the "Program Enrollment" section of this form. Jet Repair Anywhere will charge the above mentioned credit card upon the anniversary date of your enrollment, unless a "Declination of Renewal" form is signed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

This form may be faxed to 602-391-2550. Please call 480-596-2933 with questions.