



PAYMENT FORM

Fax 617-427-7890

Mail : Po Box 180446 Boston, MA 02118

Name: _____

Invoice Number: _____ Destination: _____

Card# (MC/Visa): _____

Expires: _____ Amount Authorized: _____

Billing Address: _____

Billing City: _____ State: _____ Zip: _____

I authorize Ed Blank's Adventures on the Fly to charge my credit card for the amount listed above.

X _____ Date: _____