

Alliance Aircraft Services LLC

CUSTOMER INFORMATION SHEET

Name _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Work Phone _____ Fax _____

Email Address _____

Emergency Contact Name _____ Phone _____

How did you hear about us? Website Referral Walk In Other

PILOT INFORMATION

Drivers License Number _____ State _____

Certificate Number _____ Type _____

Ratings _____

Medical Class 1st 2nd 3rd None Date _____

Date of Last Flight Review _____ Date of Last IPC _____

Total Flight Hours _____ Total PIC Hours _____ Total PIC in last 6 months _____

Instrument Hours _____ Complex Hours _____ High Performance Hours _____

Multi-Engine Hours _____ Hours in Piper Arrow _____

Alliance Aircraft Services LLC

15041 North Airport Drive, Suite 101
Scottsdale, AZ 85260
(480) 614-1166

CREDIT CARD USE AUTHORIZATION

Cardholders Name: _____

Credit Card Type: (circle one) Visa or MasterCard (we do not take Amex / Discover)

Card Number: _____

Expiration Date: _____ V-Code _____

Billing Address: _____

_____ Zip Code: _____

I hereby Authorize Alliance Aircraft Services, LLC to use the above mentioned credit card as payment on my account.

Signature: _____ Date: _____

AAS Representative: _____ Date: _____