



I, _____, hereby authorize Sky Team, Inc. d/b/a Chicagoland Skydiving Center to charge my credit card a total of \$2,299.99 over a 5 month term for the Freefall University Solo Training Program.

- Payment 1** - \$299.99 – 12/31/2006
- Payment 2** - \$500.00 – 1/31/2007
- Payment 3** - \$500.00 – 2/28/2007
- Payment 4** - \$500.00 – 3/31/2007
- Payment 5** - \$500.00 – 4/30/2007

Card Type: *(circle one)*

- American Express
- Discover
- Mastercard
- Visa

Card Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Email address: _____