



Four Points Aero Services.
Phone (877) 358-1679

8601 Lemmon Ave
FAX (214) 357 2560

Love Field Airport Dallas, TX 75209 USA

WORK ORDER AUTHORIZATION

Customer Information:

Work Order No: _____

Company Name: _____

Today's Date: _____

Billing Address: _____

Telephone: _____

Cell Phone: _____

E-mail: _____

Local Contact: _____

Fax #: _____

Projected Departure Date: _____

Written By: _____

Payment Terms/Method: COD _____ Net 30 _____

Credit Card Type: _____ Acct No: _____ Exp. Date: _____

Aircraft Information:

A/C Make: _____ Model No: _____ Serial No: _____

Registration No: _____ Applicable FAR: 91 121 135 (Circle One)

Key Location: _____ Arriving Fuel Load: _____ Log Book Location: _____

Pro Parts: _____ PBTH: _____ MSP: _____ Other Warranty Program: _____

Engine Serial Numbers: #1 _____ #2 _____ #3 _____

Engine Times/Cycles: #1 _____ / _____ #2 _____ / _____ #3 _____ / _____

Total Aircraft Time: _____ Total Landings: _____

Requested Workscope & Material Required

Task #/Discrepancy

_____ / _____

_____ / _____

_____ / _____

By signature below, I certify that I am the owner or owner's agent, and authorize Four Points Aero Services, it's employees, subcontractors or consultants to perform the inspection, maintenance or repairs described above to include the provision and use of necessary materials required to accomplish the described workscope. I understand that customer supplied parts and material must have documentation per the current regulatory guidance, and will be subject to a handling fee of 15% of current market value. I further authorize Four Points Aero Services to operate the aircraft, engine(s) or any part therein described for the purpose of testing and/or inspection. I agree to hold Four Points Aero Services harmless from any and all claims arising from the loss of or damage to the aircraft, engine(s), appliance(s) or articles of any nature contained within the aircraft due to circumstances beyond Four Points Aero Services control.

Signature _____

Date _____

Printed Name _____

Title _____



8601 Lemmon Ave., Dallas, TX 75209
214-351-8200

Credit Card Authorization Form

CARDHOLDER NAME: _____

CARDHOLDER BILLING ADDRESS: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: (3/4 digits) _____

INITIAL FOR ONE TIME APPROVAL _____ OR KEEP ON FILE _____

The undersigned cardholder hereby authorizes Four Points Aero Services, LLC. to charge the above credit card for any and all maintenance and/or repair work for the aircraft as reference below, including all parts, fuel, labor and outside services incurred on their behalf.

Signature of Cardholder DATE

Aircraft Reg# / Serial#