

RETAIL FLIGHT CUSTOMER APPLICATION

DATE _____ SIGNATURE _____

Full Name (Print) _____

Home Phone _____ Cell Phone _____

Address _____ City _____ ST _____ Zip _____

Employer _____ Work Phone _____

Citizenship: USA or Other (Please Specify) _____ (Visa Type/Status) _____

In Case of Emergency Notify _____ Phone _____

Current Instructor _____ E-Mail Address _____

_____ By initialing this line, I grant Galvin Flying Services, Inc. permission to use for their legitimate business purposes only any photographs they have taken or legally obtained which contain my image, including but not limited to, advertising, publications, brochures, and websites.

ACKNOWLEDGEMENT OF LIABILITY – I understand that I am liable for damage to any Galvin Flying Service airplane which is dispatched to me, except when a GFS instructor is giving me dual instruction. I acknowledge that the current insurance deductible for aircraft in motion is \$1,000 for single engine and \$2,500 for twins. I further acknowledge that the insurance underwriter for GFS reserves the right to subrogate against me or my estate for the entire value of a damaged aircraft. I have been advised that insurance to cover my obligation is offered through GFS under the auspices of the Diamond G Club. I also understand that that insurance to cover my liability for physical damage to the aircraft and/or bodily injury is available in the insurance marketplace at my expense.

DATE _____ SIGNATURE _____

ON ACCOUNT - I hereby request to open a credit balance retail flight account and would like to use these funds to satisfy debts by me to Galvin Flying Service, Inc. (GFS). I understand the account is to remain in a credit (positive) balance at all times and that this account will remain open until I notify Galvin Flying Service, Inc. in writing that the account is to be closed, or Galvin Flying Service, Inc. informs me that it is exercising its exclusive right to close my account. *I understand that it is my responsibility to keep track of my balance and the account must have a balance sufficient to cover the anticipated cost of the flight.* I also understand that Galvin Flying Service, Inc. will not extend credit on this account and that flight privileges will be denied unless my account is in good standing. I understand the credit card shown below will only be used for payment of services, products or fees when there is insufficient funds in my account. If the account cannot be balanced with this credit card, a finance charge of 18% annually will accrue if not in good standing for over 30 days.

SIGN FOR CREDIT CARD - This application will establish credit card assignment for all flight purchases unless otherwise designated at time of dispatch.

CREDIT CARD INFORMATION

NAME (as it appears on card) _____ Credit Card Type _____

Credit Card # _____ Expiration Date _____ / _____

Signature _____ Credit Card Billing Zip Code _____