

FLIGHT SCHOOL APPLICATION

NAME:	DATE OF BIRTH://
ADDRESS:	HOME:
	CELL:
	WORK:
EMAIL:	_
EMERGENCY CONTACT:	PHONE:
CITIZENSHIP:	_ VERIFIED
Passport Number:	EXPIRATION:/
☐ Birth Certificate:	_
GOVERNMENT ISSUED PHOTO ID:	
Driver's License Number:	
State issued Photo ID:	
☐ Military ID:	
ACCOUNT #: Applicant agrees that all information provided is accurate and complet may be immediately terminated at Leading Edge Aviation's discretion claimed against outstanding invoices. Disputes to amounts invoiced must be reported in writing to Leading Edge Aviation, Inc. Credit card w/ or at the time services are rendered. Maintenance customers will be charges at the end of the month unless prior arrangements have been other means by the end of the month. Customers opting to prepay by card on file. Charges exceeding the credit amount will be charged to the control of the month.	ete. Applicant acknowledges that service if charges are declined or charge backs are or changes in the status of this credit card will be charged at the time of purchase and be automatically billed for all maintenance made in writing or payment is received by cash or check must maintain a valid credit
PRINTED NAME:	DATE:
SIGNATURE:	
PARENT / GUARDIAN PRINTED NAME:	
SIGNATURE:	DATE: