

## FUEL DISCOUNT PROGRAM JET A

In an effort to reward our regular fuel customers for their continued support, a Fuel Discount Program has been established, as below:

### **Discount B: Pre-Authorized Payment Program**

**(\$0.10 discount off the posted price)**

Credit Card (VISA or MasterCard) information is collected and stored on file. Fuel purchases made in the first half of the month are invoiced and processed automatically on/around the 15<sup>th</sup> of each month; Purchases made in the second half of the month are invoiced and processed automatically at the end of the month. A copy of the invoice, fuel slips, and credit card receipt will be mailed to you.

### **Discount C: Public Services**

**(\$0.15 discount off the posted price)**

Aircraft must be used as part of a public service to qualify for this discount (ie. RCMP, Medevac, pipeline patrol, etc.). This discount is offered at the discretion of the YPK staff.

Credit Card (VISA or MasterCard) information is collected and stored on file. Fuel purchases made in the first half of the month are invoiced and processed automatically on/around the 15<sup>th</sup> of each month; Purchases made in the second half of the month are invoiced and processed automatically at the end of the month. A copy of the invoice, fuel slips, and credit card receipt will be mailed to you. Fuel accounts with a balance over \$5000.00, in arrears for longer than 60 days, will automatically be processed with the total amount owing on the credit card supplied for the account.

### **Registration**

To register for the Program, please complete the attached Credit Card Authorization Form and return it to the Airport Administration Office. Forms may be dropped off to the Administration Office Monday – Friday; 8:30am – 4:30pm, faxed to 604-465-4512, or emailed to [azannet@flyypk.ca](mailto:azannet@flyypk.ca).

### **Questions?**

Please contact Amanda Zannet, Office Services Coordinator at 604-465-8977 ext. 6 or via email at [azannet@flyypk.ca](mailto:azannet@flyypk.ca)

**FUEL DISCOUNT PROGRAM REGISTRATION FORM  
JET A**



<b>DISCOUNT B: PRE-AUTHORIZED PAYMENT PROGRAM (\$0.10 Discount)</b>	
<b>NAME:</b>	<b>IDENT(S):</b>
<b>COMPANY:</b>	<b>AIRCRAFT STORAGE LOCATION:</b>
<b>EMAIL:</b>	<b>PHONE NUMBER:</b>
<b>PRE- PAYMENT CONFIRMATION:</b> <input type="checkbox"/> I confirm that I have completed and submitted the attached Credit Card Authorization Form for my pre-paid fuel purchases.	<b>ESTIMATED MONTHLY PURCHASE (IN LITRES)</b>

<b>DISCOUNT C: PUBLIC SERVICES (\$0.15 Discount)</b>	
<b>NAME:</b>	<b>IDENT(S):</b>
<b>SERVICE:</b>	<b>AIRCRAFT STORAGE LOCATION:</b>
<b>EMAIL:</b>	<b>PHONE NUMBER:</b>
<b>PRE-AUTHORIZED PAYMENT CONFIRMATION:</b> <input type="checkbox"/> I confirm that I have completed and submitted the attached Credit Card Authorization Form for my pre-authorized fuel purchases.	<b>ESTIMATED MONTHLY PURCHASE (IN LITRES)</b>
<b>CONDITIONS:</b> <i>Aircraft must be used as part of a public service to qualify for this discount (ie. RCMP, Medevac, pipeline patrol, etc.). This discount is offered at the discretion of the General Manager.</i>	

*Please note that discounts may change and/or be revoked at the discretion of Pitt Meadows Airport Society. 30 days' notice of any changes will be sent to the email address provided above.*

# CREDIT CARD AUTHORIZATION FORM



## CREDIT CARD INFORMATION

NAME ON CREDIT CARD

COMPANY NAME

TYPE OF CREDIT CARD

VISA | MASTERCARD

TYPE OF CARD

PERSONAL | BUSINESS

CARD NUMBER

EXPIRATION DATE

## AUTHORIZED USER OF CREDIT CARD

NAME

COMPANY

PHONE NUMBER

EMAIL ADDRESS

## APPROVED AIRCRAFT IDENTIFIERS FOR FUEL PURCHASES


I certify that I am the authorized user of the credit card referenced above, and that the information provided is complete, current, and accurate.

I authorize Pitt Meadows Airport Society to charge my credit card for fuel purchases for the aircraft identified above. If Pitt Meadows Airport Society is unable to process my payment using the credit card information provided, I will be responsible for an alternate payment arrangement and any late fees which result.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_