

HELICOPTER SERVICES, INC.

Charter ▪ Sales ▪ Training ▪ Pipeline ▪ Photography ▪ Videography ▪ Photo Flights ▪ Motion Picture Services

FLIGHT CONFIRMATION

Date: _____
To _____ From _____
Fax# _____ Tel# _____ Cell# _____
Name of Company _____
Email Address _____

This is to confirm that
(Name) _____
Has booked the AS350 at the DAILY RATE OF \$5500.00. PLUS \$700.00 PER HOUR. This rate includes ferry time from the hangar back to the hangar. The helicopter seats five passengers, plus the pilot. Please call to discuss seat weight limit with the pilot.

Flight Date _____ Flight Time _____
Pick-Up Location: _____
Flight Destination _____
Mission _____

Individual Passenger Weights, Please list below *CRUCIAL*****

CREDIT CARD # _____ Type/EXP _____

BILLING ADDRESS _____

Credit Card information is used to secure and schedule the Flight. Other methods of payment are available at time of Flight, Check, Cash, Money Order, Cashier's Check and Credit Card.

* A 5% charge will be added to flight bill for all credit card payments.*

******CANCELLATION FEE - \$250.00* *CLEAN UP FEE - \$250.00******

Helicopter Services reserves the right to refuse service to anyone who is intoxicated. To be determined by the Pilot in Command. The Pilot's decision is final. **Overnight Fee of \$ 250.00. **

Signature _____ Date _____

This form must be filled out in its entirety in order to schedule the flight mentioned above!

HOOKS AIRPORT - 19931 STUEBNER AIRLINE RD - SPRING, (HOUSTON) TX 77379
OFFICE (281) 370-4354 FAX (281) 251-1207 www.heliserv.com EMAIL:copters@flash.net