

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 R44 at the DAILY RATE OF \$2500.00. PLUS \$ 300.00 PER HOUR FLIGHT TIME. This rate includes ferry time from the hangar back to the hangar. The helicopter seats three (3) passengers, plus the pilot. Please call to discuss seat weight limit with the pilot.

Flight Date _____ FlightTime _____

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 - \$100.00* *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!

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