



CUSTOMER DATA FORM DATE: _____

Name: (Last, First, Middle Initial)		Date of Birth:	
Address: (Number, Street, Apt#)		City:	State: Zip:
Country:	Citizenship:	Country:	
Driver's License #:	DL State Issued:		

Home Phone:	Work Phone:
Cell Phone:	Email:
Emergency Contact Name:	Emergency Phone #:

Credit Card Information	Number:	Exp Date:	CCV:
Billing Address/Zip Code:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Discover		

ARE YOU A PILOT? YES: _____ NO: _____ (If so, please complete the following)

FAA CERTIFICATE: <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> ATP License #: _____ Date of Issuance: _____ Date of Last BFR: (If applicable) _____ Medical Class: _____ Date of Issuance: _____	RATINGS: <input type="checkbox"/> Single Engine Land <input type="checkbox"/> Multi-Engine Land <input type="checkbox"/> Rotorcraft <input type="checkbox"/> Instrument <input type="checkbox"/> CFI <input type="checkbox"/> CFII <input type="checkbox"/> MEI <input type="checkbox"/> Other _____
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WE WILL E-MAIL ALL STUDENTS/ RENTERS www.Schedulepointe.com credentials.

BEFORE GETTING STARTED, WE WILL NEED THE FOLLOWING:

- 1) Medical Certificate/ Student Pilot Certificate
- 2) Proof of Citizenship/ Visa – We will need a passport OR driver's license AND birth certificate.
- 3) Rental Agreement Completed
- 4) Pre-Solo Exam or Aircraft Familiarization (before solo or prior to renting)
- 5) Credit Card Information
- 6) Safety Practices and Procedures Manual

INTERNAL USE ONLY	
Copies Received:	
<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport or Birth Certificate <input type="checkbox"/> Credit Card (front/ back) <input type="checkbox"/> Pilot's License (front/ back)	
<input type="checkbox"/> Medical (front/ back) <input type="checkbox"/> Last BFR Log Entry <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Pre-Solo/ FAM	
By: _____	Date: _____