



CUSTOMER DATA FORM DATE: _____

| | | | |
|-------------------------------------|------------------|----------------------------|------------------|
| Name: (Last, First, Middle Initial) | | Date of Birth: | |
| Address: (Number, Street, Apt#) | | City: | State: Zip: |
| Country: | Citizenship: | How did you hear about us? | |
| 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 _____ |
|--|--|

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

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|--|-------------|
| 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: _____ |