

Credit Card Authorization & Reservation Sheet

Name _____ Phone # _____

Billing Address _____

City _____ Zip Code _____

Email address _____

Would you like to find more about our service? Yes No

Would you like to keep your credit card on file for future transportation? Yes No

Credit card # _____ Exp. Date _____

Are you the cardholder? Yes No ***You must be the cardholder to proceed completing this form.***

Your Reservation

Details of service *(Please state your pick up address and time, destination, itinerary, and length of time needed)* _____

I authorize this Limousine Service to charge my card for all the amount owed, the cost to attend this service. I understand there are no refunds or cancellations at all, and the full amount will be charged to my credit card in case of a no-show for any reason or cancellations.

Any extra charges such as extra time, clean up of car, breakage, abuse of vehicle, parking and tolls, and such incidental extra charges will also include out-of-range pickups that were not disclosed when the reservations were made.

I understand I am signing a legal binding contract for this event.

Signature _____	Date _____
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Visa

MasterCard

Cardholder Name:

Credit Card Number:

Amount: _____

Expiration Date:

Billing Address:

(Address where monthly credit card statements are received)

Phone Number:

(Associated with credit card)

Brief description of the goods or services provided:

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card, for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

Signature:

Printed Name:

Date:

Please Imprint Card

(Place your card under the paper and using a pencil shade in the area to imprint)

EXPIRATION	QUAN.	CLASS	DESCRIPTION	PRICE	AMOUNT
<input checked="" type="checkbox"/> DATE CHECKED					
DATE	AUTHORIZATION			SUB TOTAL	
REFERENCE NO.	RECEIPT			TAX	
FOLD/CHECK NO.	SERVER	CLERK	TIPS TBC		
SALES SLIP				TOTAL	

PURCHASER SIGN HERE

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown herein and agrees to perform the

MERCHANT COPY

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