



CREDIT CARD AUTHORIZATION FORM

I, _____ as of this date: _____

Residing at: _____

Home Ph #: _____ Cell #: _____ Work #: _____

Authorize ACCESS LIMOUSINE INC. to charge my credit card for all transportation services reserved and/or rendered. I understand and agree to the terms and conditions of Access Limousine. Furthermore I understand that I might require a deposit which can be non-refundable and guaranteed by my credit card listed below.

Credit Card #: _____ Exp Date: _____ Security Code: _____

Billing Address: _____ Zip Code: _____

Email final receipts to: _____

Please select:

- Keep this credit card on file to process payments on multiple reservations order and/or incurred by me.
Use this credit card for one time purpose, for the following reservation information:

Reservation Date: _____

Passenger/Group Name: _____ Contact Ph #: _____

AUTHORIZED CARD HOLDER SIGNATURE

NOTE: PLEASE ATTACH A COPY OF THE FRONT AND BACK OF THE CREDIT CARD AND COPY OF THE CARDHOLDER DRIVER'S LICENSE