



CREDIT CARD AUTHORIZATION FORM

DATE: _____

I, _____

RESIDING AT _____

HOME PH#: (____) ____ - ____ WORK #: (____) ____ - ____ CELL #:(____) ____ - ____

AUTHORIZE ACCESS LIMOUSINE INC. TO CHARGE MY CREDIT CARD:

CARD NUMBER: _____ EXP. DATE: _____ SECURITY CODE: _____

BILLING ADDRESS: _____

SERVICE PROVIDED FOR: _____

(NAME OF AUTHORIZED PASSENGER/GROUP)

ON _____ RATE QUOTED: _____

DO YOU REQUIRE APPROVAL IF PASSENGER CHANGES ITINERARY? YES _____ NO _____

PICK-UP FROM: _____

DELIVER TO: _____

(AUTHORIZED SIGNATURE OF CARD HOLDER)

***** MUST PROVIDE PHOTO COPIES OF CREDIT CARD (FRONT & BACK) AND DRIVERS LICENSE *****