

ABC Limo Service

CREDIT AUTHORIZATION

www.limowashington.com ~ Email: info@abclimoservices.com ~ Phone: (866) 941-4900 ~ Fax: (703) 941-4998

The process of this application requires a Physical Signature.
Please complete the entire application, print it, sign it and send it to us at your earliest convenience

Today Date

M D Y

In Lieu on my credit card imprint, I _____
On behalf of _____ Authorize ABC Limo Service
Inc. to charge the credit card listed below for services provided.

Name of Card Holder

Credit Card Billing Address

Street

City State Zip Code

Card Type

Visa Master Card Discover American Express

Card Number

Card Expiration Date

M Y Security Code (The last 3 digits On the back of your card)

Home / Office Phone Number

Fax Number

Authorized Passenger

By signing below, I acknowledge the charges processed for transportation services by ABC Limo Service. In the event of passed cancellation deadline, I authorize ABC Limo Service to charge the full reservation fee. I read and agreed to all the cancellation guidelines (terms and conditions) that apply to my reservation. I understand that I'm liable for any late fees, cancellation fees, taxes and other charges. I will not dispute this charge. Payment based on ABC Limo Service rate listed on the web as well as other authorized charges is made to be in accordance with the issuing card policies. I affirm my obligations under the card member's agreement.

All Reservations Are Final, No Refunds Upon Cancellation

Client's Signature

Print Name

Date

M D Y

