



CREDIT CARD AUTHORIZATION

*****PLEASE RETURN THIS DOCUMENT WITH A COPY OF THE ABOVE CREDIT CARD FRONT AND BACK*****

COMPANY NAME : _____

CONTACT NAME : _____

BUSINESS ADDRESS : _____

BUSINESS PHONE : (____)____-____ **FAX:** (____)____-____

DAY OF CONTACT NAME: _____

CELL NUMBER : (____)____-____

CARDHOLDER NAME : _____

BILLING ADDRESS : _____

CITY, STATE, ZIP CODE : _____, _____, _____

AMOUNT OF SERVICE: \$ DATE(S) OF SERVICE:

CARD TYPE : AMEX - VISA - MASTER - DISCOVER

EXPIRATION DATE : ____/____/____ **CCV CODE** _____

By signing this document I acknowledge that I am the authorized user of the above credit card and I authorize Empire Limousine to charge the above amount to the credit card I have provided them. I understand once payment/deposit is made there will be no refunds or credits.

CARDHOLDER SIGNATURE : _____

TODAY'S DATE : ____/____/____