



## CREDIT CARD AUTHORIZATION FORM

TIME    DATE    VEHICLE: HUMMER: LIMOBUS: LIMOUSINE: SUV

LIMOCAR, INC.  
11634 BLACKMOOR DR.  
ORLANDO, FL 32837  
TEL: 407-721-1014  
FAX: 407-812-8102

CARD TYPE: AMEX    VISA    MASTERCARD    DISCOVER

CARD NUMBER: \_\_\_\_\_  
EXPIRATION:    \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
NAME ON CARD: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
HOME PHONE NUMBER: (    ) \_\_\_\_\_  
WORK PHONE NUMBER: (    ) \_\_\_\_\_

If you are not going to be present at the time of the job, please make a copy of your credit card front and back and your valid driver's license and return this completed form to 407-812-8102.

CANCELLATION 24 HOURS PRIOR TO JOB, SAME DAY  
CANCELLATION WILL BE CHARGED 100% OF FARE.

By signing the Authorization to charge form, you the cardholder agree to pay for all the charges as mentioned above for services rendered from LIMOCAR, INC. In addition, you agree to perform as indicated by your credit card company or issuing bank. You the cardholder waive any rights to dispute a charge for service rendered.

CARD HOLDER SIGNATURE: \_\_\_\_\_  
DATE OF THIS AUTHORIZATION: \_\_\_\_\_