



Credit Card Authorization Form

DATE ACCOUNT #

COMPANY NAME

ADDRESS CITY STATE ZIP CODE

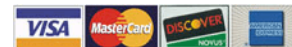
CONTACT PERSON CELL PHONE #

WORK PHONE # WORK FAX # HOME PHONE #

E - MAIL

I THE UNDERSIGNED AUTHORIZE " SAS LIMOUSINE " SERVICE TO RESERVE AND CHARGE PHONE, FAXED OR E-MAILED SEDAN / LIMOUSINE TRANSPORTATION SERVICE TO THE CREDIT CARD ACCOUNT NUMBER BELOW :

CREDIT CARD



NAME ON CARD

CARD NUMBER EXPIRATION DATE SECURITY CODE

CREDIT CARD BILLING ADDRESS (IF DIFFERENT FROM ABOVE) :

ADDRESS CITY STATE ZIP CODE

CLINT'S 1 NAME CELL PHONE #

ADDRESS CITY STATE ZIP CODE

E - MAIL

CLINT'S 2 NAME CELL PHONE #

ADDRESS CITY STATE ZIP CODE

E - MAIL

I ACCEPT SAS LIMOUSINE TERMS AND CONDITIONS

AUTHORIZED NAME **GRATUITY :** %15 %20 %25

SIGNATURE DATE

ALL INFORMATION ON THIS FORM IS KEPT CONFIDENTIAL ONLY FOR CHARGING TRIPS RESERVED BY THE CREDIT CARD HOLDER OR AUTHORIZED PERSONS FOR MAKING RESERVATION BY PHONE, FAX OR EMAIL ON THEIR BEHALF .