



## Credit Card Authorization Form

DATE  ACCOUNT #

COMPANY NAME

ADDRESS  CITY  STATE  ZIP CODE

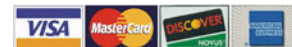
CONTACT PERSON  CELL PHONE #

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 .