

**Credit Card Authorization Form**

**For: South Florida Limousine Services Inc**

PH: 1866-546-6075 FAX: 305-705-0004 EMAIL:INFO@SOUTHFLIMO.COM

VISIT: WWW.SOUTHFLIMO.COM

IMPORTANT: to assist us in deterring fraudulent use of credit cards, please fax a copy of the **Front** and **Back** of your credit card and driver's license, along with this authorization form.

Name (as appears on credit card):

\_\_\_\_\_

Address (where you receive your credit card bill):

\_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Credit Card Information:**

Type of card: VISA MC AMEX DISCOVER DINERS

CREDIT CARD NUMBER: \_\_\_\_\_ EXP: \_\_\_\_\_

I \_\_\_\_\_, authorize South Florida Limousine, Inc to charge my credit card the full amount of the service. In accordance with the terms and conditions between South Florida Limousine, Inc and the undersigned, I fully understand South Florida Limousine, Inc cancellation policy. I authorize South Florida Limousine, Inc to process all charges accordingly.

Card member (Print name): \_\_\_\_\_

Card member: (Signature): \_\_\_\_\_

Date: \_\_\_\_\_