

SKYLINE LIMO

To assist us in deterring the fraudulent use of credit cards, please fax an enlarged and lightened copy of the FRONT AND BACK OF YOUR CREDIT CARD AND DRIVER'S LICENSE, along with the authorization form below, to 866-745-2997.

- CREDIT CARD AUTHORIZATION FORM -

E Mail Address:

Confirmation Number: Date of Service:

Name (as it appears on credit card):

Billing Address (where credit card bill is sent):

City: State: ZIP:

Telephone numbers:

Home: Work: ext:

Fax: Cell:

CREDIT CARD INFORMATION

Check one: Visa MasterCard Diners Discover AMEX

Card Number: Exp. Date:

PLEASE CHARGE CREDIT CARD AS FOLLOWS:

I authorize Skyline Limo to charge the credit card specified above the full amount of the service. In accordance with the terms and conditions between Skyline Limo and the undersigned, I fully understand Skyline Limo's Cancellation Policy. I authorize Skyline Limo to process all charges accordingly.

I would like to establish a retail credit card account and authorize Skyline Limo to process any charges for all future service. I, the undersigned, authorize Skyline Limo to charge the above referenced credit card for transportation and related services which may be rendered through Skyline Limo and/or its affiliates. In accordance with the terms and conditions between Skyline Limo and the undersigned, I fully understand Skyline Limo Cancellation Policy. I authorize Skyline Limo to process all charges accordingly.

Please print Form then sign actual signature, date and fax.

Signature: Date:

Name: Phone #: