

CREDIT CARD AUTHORIZATION FORM

(Please Print Clearly)				
Company Name:				
Address:				
City:		State:	Zip:	
Authorized Card Ho	older's Name:			
Contact Phone #:	()			
Contact Fax #:	()			
Billing Address (If I	Different Than Abc	ove)		
Address:				
City:		State:	Zip:	
Credit Card #:			Exp.: /	
Credit Card Type:	Amex	Discover	Master Card	Visa

I hereby authorize Perfect Limo Service, Inc. to charge the above credit card account number for all ground transportation booked through Perfect Limo Service, Inc. This will include all NO SHOW charges as well as late cancellations. All additional charges such as waiting time, extra stops, parking and tolls may also be charged.

Perfect Limo Service, Inc. will honor all agreed upon rates previously contracted with our company. Any discrepancies with an individual charge should be addressed with Perfect Limo Service, Inc. directly. Adjustments will be at the discretion of a Perfect Limo Service, Inc. management representative.

Authorized Signature:				
Please Print Name:	Γ	Date:	/	/
13 West Grand Avenue Montvale, NJ 07645	201-573-1321 800-666-7819	reserv		erfectlimo.com erfectlimo.com