

Credit Card Payment Authorization Form

Instructions: To pay by credit card, please complete sections below.
And FAX it back to : 912.897-4206

CREDIT CARD HOLDER INFORMATION

Please check credit card type:

Visa MasterCard Discover American Express

Credit card number: _____

Expiration date : _____ / _____ (mm/yy) CVV _____

Exact name as it appears on the credit card: _____

Billing Zip Code: _____ Amount to be charged: \$ _____

What type of service is this payment for? Executive transportation

Primary phone number: _____ Secondary phone number: _____

Cardholder Signature: _____ Date: _____

I am aware of and agree with the company cancellation and reservation deposit refund policy

This card is not lost or stolen and is in my possession at this time

Please send this credit/debit card payment form and supporting documents to: FAX 912.897-4206

SLS / Savannah Limousine Service LLC
ATTN: RESRVATIONS 912.897 LIMO (5466)
463 Johnny Mercer blvd. Suite B7-280
Savannah, GA 31410