

Credit Card Payment Authorization Form

Instructions: To pay by credit card, please complete sections below with out corrections
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 _____
3-4 DIGIT SECURITY CODE

Exact name as it appears on the credit card: _____

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

To pay for SERVICES and FEES: **Executive transportation (no merchandise)**

Primary phone number: _____ Secondary phone number: _____

This authorization is for transportation services retained or rendered to my guest/client. Myself (the cardholder) or my card will not be on location at the time of services are rendered. I request for my guest not to sign for any charges, I am responsible and promise to pay all charges (including fees and time overages) as agreed at the time of reservation regardless of cancellation or any other changes in my or my client' itinerary.

Cardholder Signature: _____ Date: _____

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

INITIALS 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

RESERVATION :

PLEASE ATTACH COPIES OF THE C.CARD AND PICTURE ID WITH MATCHING NAME