

Luxury Ground & Corporate Transportation
"South Jersey's Elite Quality of Service"



CREDIT CARD AUTHORIZATION FORM

Name of Client _____

Billing Address _____ Apt /Suite/Floor_____

City_____ State_____ Zip _____ E-mail _____

Billing attention to: _____ Tel: (____)-____-____ Fax: (____)-_____

WE MUST HAVE YOUR CREDIT CARD INFORMATION TO PROCESS THIS APPLICATION

Credit Card # _____ Exp. Date ____/____/____

CVV Code _____ Check One: ___ Amex ___ Visa ___ MC ___ Discover

Cardholders Name _____ Date ____/____/____

TERMS OF APPLICATION AS FOLLOWS: The applicant person or firm assumes all financial obligations with regard to charges incurred by authorized personnel. Please be advised, that all invoices are due at the time of booking reservation. For further details of Terms and Conditions, please refer to the Terms & Conditions Policy on our website.

I understand and agree to the terms of this contract.

Authorized Signature _____ Date ____/____/____

Please Print Name _____ Title _____

309 Fellowship Rd #Ste 200, Mt. Laurel NJ 08054 ▪ p. 856-457-6309 ▪ f. 800-518-2844 ▪ info@sjsedanandlimo.com

www.sjsedanandlimo.com