

Credit Card Authorization Form

Reservation Information

Date: _____ Time: _____ AM / PM
Location: _____
City: _____ State: _____ Zip Code: _____
Airline: _____ Flight #: _____ City of Origin: _____
Passenger : _____ Total Passengers: _____
Mobile#: 011- _____ - _____ Cell #: _____ - _____ - _____
Destination: _____
City: _____ State: _____ Zip Code: _____
Return Date: _____ Return Time: _____ AM / PM
Vehicle: _____ Fare: _____ (Please tip in cash)

Payment Information

Name of Card Holder: _____
Company Name: _____
Credit Card Billing Address: _____ Suite/Apt/Floor: _____
City: _____ State: _____ Zip Code: _____
Credit Card Billing Telephone #: _____ - _____ - _____
Card #: _____ - _____ - _____ Expiration Date: _____ / _____ (MM/YY)
CVV2 #: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential. By signing the authorization form, the Company/Cardholder acknowledges and agrees to be financially responsible for any and all charges invoiced to the company/cardholder by Phoenix Limo Corp. The authorizer hereby warrants and represents he/she has the authority to legally bind the Company/Cardholder as set forth herein. Being the cardholder or Corporate Officer, by signing below I agree to pay, and specifically authorize Phoenix Limo Corp to charge my credit card, for the transportation services provided. I further agree that in the event my credit card becomes invalid, I personally guarantee payment and will provide Phoenix Limo Corp with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Phoenix Limo Corp, authorize my card to be re-billed until payment is received, or pay cash on demand in full.

Date: _____ Signature: _____

FAX THIS PAGE TO 201-624-7451
OR SCAN & EMAIL TO RESERVATIONS@SECAUCUSTAXI.COM