

VINCENT LIMOUSINE

Authorization To Charge Credit Card

Please charge all my Vincent Limousine Service of NY, Inc. Services to the credit card listed below:

☐ American Express

☐ VISA

☐ Master Card

Account Number:

| | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

Expiration Date:

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|

Month

Year

Please print clearly

NAME _____
(as it appears on the Credit Card)

Billing statement address Street _____

City _____ St _____ ZIP _____

Telephone Number Home _____ Work _____

I, _____, authorize Vincent Limousine Service of NY, Inc. to charge the Credit Card indicated above, all services incurred to my account.

This authorization, once signed, is valid whether a charge slip has also been signed and is not accepted without a copy of the front and back of the credit card.

Cardholder signature _____ **Date** _____

A front and back copy of the credit card is required to be faxed with this agreement. Please make sure account # is legible and kindly fax back to 718.728.3311.