

## Credit Card Authorization Form

Email Address: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Name (as it appears on credit card): \_\_\_\_\_

Billing Address (where credit card bill is sent): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Ext. \_\_\_\_\_

Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

### **Credit Card Information**

Check One:  Visa  MasterCard  Diners  Discover  AMEX

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### **Please check below:**

\_\_\_\_ I authorize KLS Limousine Inc DBA 5StarsLimousine.com to charge the credit card specified above the full amount of the service. In accordance with the terms and conditions between 5StarsLimousine.com and the undersigned, I fully understand 5StarsLimousine.com's Cancellation Policy. I authorize 5StarsLimousine.com to process all charges accordingly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print, sign and fax this form to 5 Stars Limousine, 714-362-0242.**

**5 Stars Limousine**

Phone: 800-889-9557 | Fax: 714-362-0242 | 5starslimousine.com