



NEW ADDRESS: 200 BUSINESS PARK DR. SUITE 108, ARMONK, NY 10504

PHONE# (914) 273-4466 FAX (914) 273-6147

Fax Sent to: _____

Customer code: _____

I hereby authorize my signature to be on file with Armonk Limousine Car Service Inc. for the purpose of charging limousine service on my credit card. I am also aware of the rates to be charged for such services. I authorize the respective credit card Company to accept this form in lieu of my signature appearing on the individual credit card receipt for services performed.

The pertinent information is indicated below:

Credit Card# _____

Cardholder name: _____

Credit Card billing address with zip code: _____

Card Type Amex _____ Visa _____ MC _____ Diners _____ Discover _____

Expiration Date: _____ Security Code: _____

Passenger Name & Address if different then above: _____

Email address: _____ Fax # _____

We will E-mail or Fax confirmation of all calls.

Home phone # _____ Work phone # _____

In addition, please photocopy and return fax with is form, a copy of the credit card, and a copy of the cardholders drivers license.

Cardholders name (Print)

Please put a check on the line below if this is for a onetime use only.

Cardholders Signature

Please fill out completely and fax to (914) 273-6147

Thanking you in advance.

Fax sent by _____ on ____/____/____

PLEASE PRINT AND FILL OUT THANK YOU