

Transway Limousine

CREDIT AUTHORIZATION

www.transwaylimousine.com ~ Email: info@transwaylimousine.com ~ Phone: 1-800-215-9040 ~ Fax: 1-404-448-4566

The process of this application requires a Physical Signature.
Please complete the entire application, print it, sign it and send it to us at your earliest convenience

Today Date

M D Y

In Lieu on my credit card imprint, I _____
On behalf of _____ Transway Limousine
Inc. to charge the credit card listed below for services provided.

Name of Card Holder

Credit Card Billing Address

Street

City State Zip Code

Card Type

Visa Master Card Discover American Express

Card Number

Card Expiration Date

M Y Security Code (The last 3 digits On the back of your card)

Home / Office Phone Number

Fax Number

Authorized Passenger

By signing below, I acknowledge the policy and charges listed on the Transway Limousine Service web site. In the event of a cancellation outside our cancellation deadline, I authorize Transway Limousine Service to charge the full reservation fee. I have read and agreed to all the cancellation guidelines (terms and conditions) that apply to my reservation. I understand that I'm liable for any late fees, cancellation fees, taxes and other charges. I will not dispute these charges. These authorized charges is made to be in accordance with the issuing card policies. I affirm my obligations under the card member's agreement.

Client's Signature

Print Name

Date

M D Y

