



## **CREDIT AUTHORIZATION**

www.classiclimotours.com ~ *Phone*: (650) 716-7777 ~ *Phone*: (844) 771-6777

Please complete tl	The process of this ne entire application				convenience	
Today Date	M D	Y				
In Lieu on my credit card im On behalf of Inc. to charge the credit card		services provic		: Limo Tours		
Name of Card Holder  Credit Card Billing Address	Street City			State	Zip Code	
Card Type  Card Number	☐ Visa	Master Card	Discover		erican Express	J []
Card Expiration Date  Home / Office Phone Number	M Y	Security Coa	Fax Numbe		ast 3 digits On the	back of your card)
Authorized Passenger						
By signing below, I acknowle deadline, I authorize Clas guidelines (terms and condi fees, taxes and other charges well as other authorized cha	ssic Limo Tours to c tions) that apply to . I will not dispute t rges is made to be i the	harge the full reso my reservation. I this charge. Paymonia in accordance wit e card member's a	ervation fee. I read understand that I' ent based on Class th the issuing card agreement.	d and agreed to 'm liable for an sic Limo Tours I policies. I affir	o all the cancellary late fees, can rate listed on th	ation cellation ne web as
	All Reservations	Are Final, No R	efunds Upon Car	ncellation		
Client's Signature	_	Print Name Date	D Y			