



CPCN # 2248

## CREDIT CARD AUTHORIZATION

Company Name: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

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

Main Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

### Credit Card Information:

Card Type (Circle One):    American Express    MasterCard    Visa    Discover

Card #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_                      Security Code \_\_\_\_\_

I, the undersigned, authorize Luxury Limousine of Las Vegas, Inc. to charge the above referenced credit card for transportation and related services which may be rendered through Luxury Limousine of Las Vegas, Inc. and/or its affiliates. In accordance with the terms and conditions between Luxury Limousine of Las Vegas, Inc. and the undersigned, I fully understand that if I should cancel my reservation within 24 hours of the date and time of service, I will forfeit the full amount of the trip contract. I also understand that if my transportation request falls on/during a Special Event, the aforementioned cancellation period extends to 21 Days prior to date of scheduled service. Any airport arrivals, in which client cannot locate their driver, client must contact the office before securing other transportation or charter will be deemed a No Show and charged in full. I authorize Luxury Limousine of Las Vegas, Inc. to process all charges accordingly and understand that my credit card will be authorized a minimum of 48 hours prior to the contracted date and time and billed at the completion of the trip.

**PLEASE EMAIL OR FAX BACK TO 702-442-8488, WITH A COPY OF CARDHOLDERS ID & A COPY FRONT & BACK OF CREDIT CARD BEING USED FOR VERIFICATION PURPOSES**

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

**Luxury Limousine of Las Vegas**  
4275 Arville Street, Suite C  
Las Vegas NV, 89103  
702-499-9000 Office    702-442-8488 Fax