

CREDIT CARD AUTHORIZATION

Lakeview Limousine Inc.

Tel: (773)430-4460; (773)344-1358 Fax: (888)475-4073

Credit Card Information

Visa AMEX MasterCard Discover

Cardholder Name:

Credit Card Number:

Expiration Date:

_____ CVN _____

Billing Address:

(Address where monthly credit card statements are received. Also please provide copy of front & back of the credit card.)

Service for:

Total amount:

By signing the authorization form, the Company or credit card holder acknowledges and agrees to be financially responsible for any and all charges invoiced to the company by Lakeview Limousine Inc. The authorizer hereby warrants and represents he/she has the authority to legally bind the Company as set forth herein.

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Lakeview Limousine Inc to charge my credit card, for the transportation services provided. Lakeview Limousine Inc will provide me with an itemized statement detailing all of my charges. I further agree that in the event my credit card becomes invalid, I personally guarantee payment and will provide Lakeview Limousine Inc with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Lakeview Limousine Inc.

Printed Name: _____

Signature: _____ Date: _____