

Cre	edit card Auth	norization Form.		
Please fill in the Following informa	ntion:			
Credit card information: (circle	one)			
American Express	Visa	Master Card	Discover	
Credit card Number Expir		ation Date Secur	ity Code on back of card.	
Print Name as it Appears on credit				
Billing Address for Credit Card				
City	State		Zip Code	
Contact Phone Number: ()		Reservation #		
Name of passengers		Date of reservation:		
Base Rate: Gratuity:		Total Charge: _	Total Charge:	

I, the undersigned authorize Allen Limousine, to charge the above referenced credit card for transportation and related services I made. I understand that if a trip is not cancelled within 24 hours, for Sedan runs or 7 days for limos or bus runs, or if the passenger does not show up for the confirmed reservation, I will be billed the full amount of the trip.

Authorized Card holder Signature

Please fax back this form with a copy of the front and back of the credit card, as well as a copy of the Drivers License of the authorized person to 972-692-7722. Will not be accepted with out it.



11322 Kline Dr. Dallas, TX 75229 Phone: 972-747-0011 Fax: 972-692-7722