

Black Cars Transportation

Credit Card Authorization Form

Name of Card Holder: _____

Billing Address: _____

Telephone number: _____

Credit Card Information

Credit Card Type: _____

Bank Name: _____

Credit Card Number: _____

Expiration Date _____

Security code _____

Authorization

I hereby authorize Black Cars Transportation. to charge the above credit card account for transportation and related services, which may be rendered through Black Cars Transportation. And/or its affiliated members in accordance with the contract between Black Cars Transportation and the undersigned.

Printed Name:

Signature:

Title:

Please fax us a copy of the front and back of your credit card along with the authorization. If you direct us to do so, we will keep your credit information on file for future bookings.

133 Topaz way San Francisco, CA 94131

Main: 415-215-3852

Fax: 415-221-3665

Email: vlimoweb@yahoo.com