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One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **A1 Limousine Service** to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on, before or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please print this Form, complete the information, sign, date, and Fax it back to A1 Limousine at (866) 248-8275		
Iauthorize A1 Limousine Service, to charge my credit card account		
(full name)		
	on, before or after	This Payment is for
(amount)	(date)	
	(description of services)	
Billing Address	City, State, Zip	
Phone #	Email Address	
Account Type: □ Visa	☐ MasterCard ☐ AM	1EX □ Discover
Account Number:		
Expiration Date:		
CVV2 (3 digit number on back of	Visa/MC, 4 digits on front of AMEX):	
the terms outlined above. This pay indicated above only, and is valid for	_	rvices described above, for the amount an authorized user of this credit card and
SIGNATURE	DA	ATE