



Hospitality Limousine & Trip Service
923 Saw Mill River Rd Suite 283
Ardsley, NY 10502
(914) 591 - 5404

Credit Card Authorization Form

I _____ of _____
(Your name) (Company Name)
authorize J.R. & H. Transportation Services, Inc., dba Hospitality Limo & Trip Service to charge my credit card all charges owing for services rendered, on my behalf

I also understand that in the event that my credit card is lost or stolen I must immediately notify Hospitality Limo. Also in the event that my credit card expires I will immediately notify Hospitality Limo. I authorize the following names to have their trips charged to my credit card

PRIMARY CREDIT CARD HOLDER _____

ADDITIONAL USERS

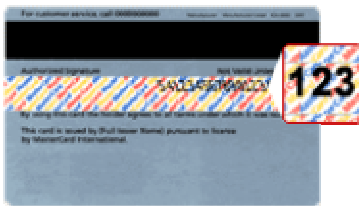
- 1) _____
- 2) _____
- 3) _____

CREDIT CARD TYPE: (Circle one) VISA MC AMEX DISCOVER

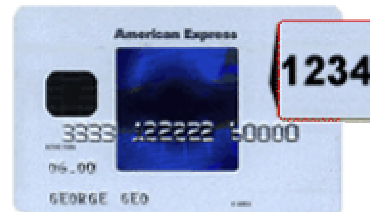
Account Number: _____

Expiration ____ / ____

Card Verification Number _____



(On MasterCard or Visa
the three digits on the back
of the card.)



(On Amex the four
digits on the front of
the card.)

Name as it appears on the Card: _____

Cardholder Signature: _____

Credit card Billing address _____

Please Mail To Above Address