

# AOPCS.INC LIMOUSINE SERVICE

2151 Tannin Place, Suite 29

Vienna, VA 22182

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## CREDIT CARD AUTHORIZATION FORM

*All information provided on this form is for reservations purposes only and will not be sold to any 3<sup>rd</sup> parties.*

Reserved by: \_\_\_\_\_ Trip Date(s): \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Name/ Last Name

Cardholder Name: \_\_\_\_\_  
First Name/ Last Name

Billing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card (Please choose one): VISA MasterCard American Express Discover

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

CVV2 # (3/4 digit number on back of card): \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_

### AUTHORIZATION STATEMENT:

In order to secure service, I hereby authorize AOPCS.INC Limousine Service to charge my credit card for the irrevocable deposit listed above. I understand that all deposits are non-refundable and non-transferable. Furthermore, I understand that my reservation is governed by the terms & conditions located on my trip contract. I agree to pay all charges to my credit card company as stipulated by my credit card company's terms & conditions. I authorize all due balances to be charged to this credit card. I understand that any cancellation of a reservation will forfeit my deposit, and any cancellation given with less than 24 hours notice prior to the scheduled start of the job will result in payment due in full.

Cardholder's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_