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INDIVIDUAL CUSTOMER PAYMENT AUTHORIZATION

No card numbers or security codes are collected on this form.

CUSTOMER AND BILLING INFORMATION

Customer full name

Phone number

Email address

Billing address

City / state / ZIP

RESERVATION DETAILS

Passenger name (if different)

Reservation / confirmation number

Service date(s)

Pickup / service description

PAYMENT AUTHORIZATION

I authorize AOP Limousine to charge the payment method I securely provide through its Square / LimoAnywhere payment process for the reservation identified above, including the agreed fare, applicable taxes, tolls, parking, gratuities (when agreed), and other disclosed charges.
I understand that changes, waiting time, and cancellations may result in additional charges only as provided in the applicable reservation terms disclosed to me.

No credit card number, expiration date, or CVV is requested or stored in this PDF.
Payment information must be submitted only through the secure payment link provided by AOP Limousine.

ACKNOWLEDGMENT AND SIGNATURE

By signing, I confirm that the information above is accurate and that I have authority to approve the payment arrangements described. A typed name indicates my intent to sign electronically.

Electronic signature (type full name)

Date (MM/DD/YYYY)

For review: typed signature fields are fillable; certified digital signatures require a compatible signing service.