



Safe & Reliable Rides...

www.tarrytownlimousine.com

Tel: 914-909-6171

Fax: 203-702-1303

Credit Card Charge Authorization Form

(In order for us to process your request, please fax completed application to: 203-702-1303)

I, (Cardholder Name) _____

Authorize "**Tarrytown Limousine LLC**" to charge all the expenses to

Credit Card Number _____

Expiration _____ Type _____

Billing Address _____

City _____ State _____ Zip _____

Tel _____ Fax _____

Email _____

I understand that these charges may include but are not limited to all tolls, parking, wait charges, No Show, Late Cancellations etc. If I can't find my driver, I understand it is my responsibility to call "**Tarrytown Limousine LLC**". Failure to call "**Tarrytown Limousine LLC**" office while I am at the location will result in No-Show charge to my credit card. I agree that if I wish to cancel reservation it is my responsibility to notify "**Tarrytown Limousine LLC**" at least two (2) hours ahead of pick up time. Failure to do so will result in Late Cancellation charges to my credit card.

Cardholder Signature _____ Date _____

Please attach to this form a clear copy of front and back of the credit card listed above.

Thank you for your business