

Designer Limousines



YOUR CAR IS WAITING..

16 Davis Avenue, Port Washington, NY 11050

Phone: 516.944.5588 Fax: 516.944.7096

Email: info@designerlimo.com

I, _____, hereby authorize my signature to be on file with Designer Limousines Inc. for the purpose of charging limousine services on my credit card. I am also aware of the rates to be charged for such services. I authorize the respective credit card Company to accept this form in lieu of my signature appearing on the individual credit card receipt for services performed.

Cardholders Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) ____-_____

Work Phone : (____) ____-_____

Cell Phone: (____) ____-_____

Fax #: (____) ____-_____

Credit Card # _____

Card Type: AMEX VISA MASTERCARD DISCOVER

Please circle

Expiration Date: _____ Security Code: _____

Individuals Authorized to Charge Your Account: _____

Email address: _____ @ _____

We will call, email or fax confirmation of all reservations! If you do not receive a callback, fax or email, we did not receive your transmission.

In addition, please photocopy and fax back with this form, a copy of the credit card and a copy of the cardholders drivers license. Please note that on your first trip with us, the chauffeur will be instructed to take two(2) imprints of the credit card on file.

Cardholders Signature

Date

Please fill out completely and fax back to 516.944.7096

Thank you in advance.

Fax Sent By _____ Fax Sent On ____ / ____ / ____