

# 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_