

LANA'S LIMO INC
280 Dobbs Ferry Road
White Plains, NY 10607
CREDIT CARD AUTHORIZATION FORM

Visa MasterCard Discover AMEX

Cardholder Name: _____

Billing Address: _____

(Address where monthly credit card statements are received)

Phone Number: _____

(Associated with credit card)

Credit Card Number: _____ CVV: _____ Expiration Date: _____

Total Amount: _____

Brief description of the goods or services provided: _____

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card, for the charges listed above. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions, and I will not chargeback this amount. ALL DEPOSITS ARE NON-REFUNDABLE.

Signature: _____ Date: _____ Printed Name: _____

Please Imprint Card

(Place your card under the paper and using a pencil shade in the area to imprint. Everything must be very clear. Photo copies are not acceptable.)

Please Imprint Card Here (Photocopy not acceptable)



EXPIRATION
 DATE
 CHECKED

QUAN.	CLASS	DESCRIPTION	PRICE	AMOUNT
DATE		AUTHORIZATION		SUB TOTAL
REFERENCE NO.			REG./DEPT.	TAX
FOLIO/CHECK NO.			SERVER	CLERK
			TIPS	MISC.
SALES SLIP				TOTAL

MERCHANT COPY

PURCHASER SIGN HERE

X

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

MERCHANT COPY