

# CREDIT CARD AUTHORIZATION FORM



Business/Individual name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**This is an authorization to apply charges to my credit card**

Being the cardholder or Corporate Officer, by signing below I understand and agree to the charges set forth and specifically authorize **Lincoln Taxi Transportation, LLC** to charge my credit card. I further agree that in the event my credit card becomes invalid, I will notify **Lincoln Taxi Transportation, LLC** and provide a new valid credit card number to be charged for the payment of any outstanding balances owed to **Lincoln Taxi Transportation, LLC**.

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

CVC Code: Visa/Mastercard: Three digit \_\_\_\_\_ AMEX: Four digit \_\_\_\_\_

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Authorized Signer \_\_\_\_\_

**Please Print:**

Name (as it appears on card) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Ext \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Please fax completed form to: (570) 501 – 7601 or Email to: **business@lincoln-taxi.com**

By this credit card document I hereby give my complete approval to pay in full for all specific services which I have directly ordered and authorized to be booked by **Lincoln Taxi Transportation, LLC**. I further agree to abide by all of the **Lincoln Taxi Transportation, LLC** cancellation and change policies, as discussed at the time of booking.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. **Lincoln Taxi Transportation, LLC** will keep all information entered on this form strictly confidential.

### For Internal Use Only

Customer Number	Name	Invoice Number