



# Limousine & Sedan Services

TCP 22524

P.O.Box # 60547

SUNNYVALE, CA.94088

Phone 650 396 -7777 Toll Free 1 866 666 -6858

Fax 650 965 -1820

E-mail samy@saslimo.com

[www.saslimo.com](http://www.saslimo.com)

## Credit Card Authorization Form

Date: \_\_ / \_\_ / \_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

I the undersigned authorize "SAS Limousine" Service to reserve and charge phone, faxed or e-mailed Sedan / Limousine transportation service to the credit card account number below:

Credit Card type:  Visa     Master Card     American Express     Discover

Print Name on Card: \_\_\_\_\_

Card number: \_\_\_\_\_

Card expiration date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit card billing address ( if different from above ):

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Please sign and fax back to (650)965-1820 or e-mail it to "samy@saslimo.com"

I ACCEPT SAS LIMOUSINE TERMS AND CONDITIONS .

Signature: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

Authorized Name: \_\_\_\_\_

All information on this form is kept confidential only for charging trips reserved by the credit card holder or authorized persons for making reservations by phone, fax or email on their behalf.