

Signature Limousine Services, LLC

1043 Raritan Road Clark, NJ 07066

Toll Free: 877.336.0900

<http://www.SLS-LIMO.com>

Fax: 732.669.7322

AUTHORIZATION TO DEBIT CREDIT CARD

Customer Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ - _____ Fax: () _____ - _____

CREDIT CARD INFORMATION

Please Circle One: VISA MASTER CARD

Credit Card No.: _____ Exp. Date: _____

Amount to be charged: \$ _____ CSC (3 Digit Number on back) _____

Name of Cardholder: _____

(Please Print)

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Dated: _____

(As it appears on the credit card)

Signature Limousine Services, LLC Policies: (Please read & sign)

I am authorizing Signature Limousine Services, LLC to debit my credit card for the above amount. I understand that the amount to be charged or designated as a "deposit" within my contract is NON-REFUNDABLE. I have read and understand the terms and conditions as outlined within my contract and fully agree to comply with all of them. I am waiving my right to contest the above charge, as well as any additional charges that are outlined within the terms of my contract. I acknowledge this document and my contract as legally binding in lieu of my availability to sign the Signature Limousine Services, LLC credit card charge receipt.

Signature: _____ Dated: _____