



CREDIT CARD AUTHORIZATION FORM – Return Fax to: (951) 552-1624

Form must be returned with a copy of the front & back of card and a copy of the cardholder's driver's license

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Fax: _____

Cell Phone: _____ Work Phone: _____

Email: _____

CREDIT CARD INFORMATION

Type: American Express Visa MasterCard

Account Number: _____ Exp: ____ / ____

CVV2 Security Code: _____ (Visa/MC: Last 3 digits on BACK AMEX: 4 digits on FRONT)

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

By signing below, **I agree to Midas Limousine, Inc. Terms, Conditions, and Rates.** I agree to have charges applied to the above credit card by Midas Limousine, Inc. and agree to be bound by the agreement with the card issuer.

Signature: _____ Date: _____

Print Name: _____