

# Limousine Service Billing Authorization Form

## Client Information

Name

Company

Email

Phone

Address

## Service Details

Date of Service

Pickup Time

Pickup Location

Drop-off Location

Vehicle Type

Number of Passengers

## Billing Information

Cardholder Name

Billing Address

Credit Card Number

Expiration Date

CVV

Authorization Amount (\$)

**Authorization**

By signing below, I authorize the above limousine service provider to charge my credit card for the service(s) rendered as described above.

Signature

\_\_\_\_\_

Date

\_\_\_\_\_