



## Credit Authorization

For all charge billings, you must complete this credit card signature authorization form and return it to Pilot Limousine Service. If at any time you wish to terminate these arrangements, please submit a request in writing.

This form authorizes us to charge the card at any time to pay for: services rendered, or a cancelled reservation(s), or for any damage caused by you or your party during the rental of any of our vehicles. All deposits are **NON** refundable. Cancellations less than 72 hours will be subject to 25%, less than 24 hours 50%, less than 4 hours 75 % and no show (not cancelled) 100% of the full fee. Any unpaid charges will be applied to credit card.

The undersigned authorizes Pilot Enterprises LLC to charge the credit card described within for collection of payment for goods and services ordered by the customer named below.

CARD HOLDER NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ Zip: \_\_\_\_\_

PHONE ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

AFTER HOURS ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_

E-MAIL \_\_\_\_\_

Visa \_\_\_\_ Master card \_\_\_\_ Discover \_\_\_\_ American Express \_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Security code: \_\_\_\_\_

**Please return this form with a legible front and back copy of the above credit card along with a copy of the cardholder's driver's license. This is required to verify information.**

Signature \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

**Please Fax to: 951-687-3255**