

Credit Card Authorization Form



Instructions:

- Complete form with credit card and billing information.
- Sign where indicated.
- Return form to Blue Streak Limousine by fax or email
 - Submit to:
Info@bluestreaklimo.com or by fax at 973-883-0772
Blue Streak Limousine

Name on Reservation: _____

Card Holder Name: _____

Credit Card: _____

Card Number: _____

Expiration Date: _____ CVV / Security Number: _____

Billing Address: _____

City: _____ State: _____ Zip / Postal Code: _____

Phone Number: _____ Email: _____

I, _____ authorize Blue Streak Limousine to charge my account the amount of _____

I understand that at the completion of service requested, any remaining balance or fee's incurred during service which were not paid prior to or at the physical completion of service will be charged to my card. I certify that I am _____ and that this document represents my electronic signature for approval of the charges listed above.

Printed Name: _____

Signature: _____ Date: _____

Received By: _____

Printed Name: _____
Signature: _____ Date: _____
Blue Streak Limousine

