



PO BOX 631156
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Credit Card Payment Authorization Form

I here by, authorize **Alliance Limousines and Transportation** to make a one time Payment to the credit card listed below.

By signing this form you give us authorization to debit your account for the amount indicated on or after the indicated date. This is an authorization for a single transaction only, unless extra charges occur on the day of reservation.

Please complete the information below:

I/ We _____ authorize **Alliance Limousines and Transportation** to charge my credit card for the reservation on _____ in the Total amount \$_____ to the account indicated below.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.