

CREDIT CARD AUTHORIZATION FORM

I/We, _____ (name as it appears on card)
authorize *5 Star Taxi And Limo Service/Giants Taxi and Limo Service* to
charge my credit card.

Visa Master Card American Express

Credit Card Number: _____

Exp: _____

CVC Code: _____

In the amount of: \$ _____ for delivery services.

The billing address for my credit card is

(Street address, city and zip code required)

Please select one:

I am authorizing the use of my credit card for a one time charge.

I would like this credit card to be my payment method for future
invoices.

Signature: _____ Date: _____

**Please include a copy of front and back of the credit card to be charged.
Signature and billing address must match authorized credit card holder.**

Please print and complete the form and **fax** to 1-888-639-8282.