



## CREDIT CARD AUTHORIZATION FORM

Please Type Clearly, Print and Sign it, fax it to **(718) 425-0849**

A1 New York Limousine Service, Inc. is authorized to charge the following credit card for services provided:

Card Type:         VISA         MasterCard         Amex         Discover

Account Number \_\_\_\_\_ Expiration: \_\_\_\_\_

Card Verification Code (CVV): \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**“IMPORTANT: Include a Photocopy of the front and the back of the card when returning the form.”**

Please provide the names of those who authorized passengers:

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By signing below, I acknowledge the charges listed herein. In the event of past the cancellation deadline, I authorize **A1 New York Limousine** to charge the minimum reservation Fee. I read and agreed to all the cancellation guidelines (terms & conditions) listed at <https://www.a1newyorklimo.com/terms.html> that apply to my reservation. I understand that I'm liable for any late fees, cancellation fees, taxes and other charges. I will not dispute this charge. Payment in the above amount as well as other authorized charges is made to be in accordance with the issuing card policies. I affirm my obligations under the card member's agreement.

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Cardholder's name - PRINT

\_\_\_\_\_  
Date