



P.O BOX 1230 HOBOKEN NJ 07030
Phone (201)333-2244 Fax (201)333-6669

CREDIT CARD AUTHORIZATION

Please print clearly, complete then Fax it back to 201-333-6669

I, _____ hereby authorize Trinity Limousine to debit my below credit card in the below listed amount or any amounts pre-approved by me. I understand that execution of this authorization constitutes such approval. I assume full responsibility for any and all non payments. The cancellation policy has been fully explained to me and I understand the same. I further understand that the below charges may change based on gratuity, additional stops, parking, tolls, and other miscellaneous expenses.

Card Type: () VISA () MasterCard () Discover () Amex

Account Number: _____ Expiration: _____

Card Holder's Name: _____ 3 digit Verification Code: _____

Billing Address: _____

Contact Phone: _____ Fax: _____

Authorized Passengers: _____

Office Use

Reservation Ref. No.: _____ Expiration: _____

Total Charges: _____ 3 digit Verification Code: _____

By signing below, I acknowledge the charges listed herein. I read and agree.

Cardholder's Signature

Cardholder's name -

PRINT Date